

# Fire Officer II

## Certification Procedure Guide



This Certification Procedure Guide reflects the requirements of:

**NFPA 1021: Standard for Fire Officer Professional Qualifications, 2020 Edition**

# Introduction to Fire Officer II Certification

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**FSTB website:**

[Fire Service Training Bureau | Iowa Department of Public Safety](#)

**FSTB Certification phone number: 515-727-3447**

Candidates wishing to attain national certification at the Fire Officer I level through the Iowa Fire Service Training Bureau Certification System must start the process by attending an FSTB-approved course of instruction prior to registering for and paying the fee for a seat at one of the State's regional examination sites. Per the Iowa Administrative Code Section 251.201(2) examination fees are due at the time of registration and no later than 2 weeks prior to the examination date.

Candidates will register for examinations through their Acadis portal account.

<https://iafstb.acadisonline.com/acadisviewer/login.aspx>

Candidates are given twelve (12) months to complete each certification process. This time limit starts when the candidate takes their FIRST examination for this level (pass or fail).

The initial registration fee of \$50 allows the candidate one (1) attempt to pass the written examination. After this, every RETAKE is charged a \$50 fee.

If the twelve (12) month time limit expires and the candidate has not successfully completed all the requirements for this certification process, the candidate's record is archived, and the candidate will have to restart the process.

If it has been more than two (2) years since the candidate has taken the course of instruction, before they can pursue this level of certification, they will need to retake the course and provide proof of completion.

# Fire Officer II - Certification Requirements

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## Prerequisites:

Candidates pursuing certification at the Fire Officer II level must meet the following conditions:

1. Be a current member of a fire, emergency or rescue organization within the State of Iowa or enrolled in a Fire Science program within the Iowa College System. All candidates pursuing certification shall be at least 18 years of age.
2. Be certified to the Fire Officer I level according to the NFPA 1021 - Standard for Fire Officer Professional Qualifications

**An official picture ID (e.g., driver's license, state-issued identification card, military ID, etc.) must be presented for admittance to ANY written and practical skills examination.**

## Written Examination:

The Fire Officer II written examination is based on Job Performance Requirements listed in NFPA 1021 - Standard for Fire Officer Professional Qualifications, 2020 edition.

- The Fire Officer II written examination contains 75 multiple choice and/or true-false questions.
- Candidates are required to score a minimum of 70% on the written examination. Candidates who fail the written examination are responsible for notifying the FSTB of their desire to retake the written examination by registering for another examination site and paying another registration fee of \$50. Candidates may not take the written examination more than once per day.
- The below chart shows the maximum time allowed for the written examinations based on the number of questions on the examination.

| Number of Questions | Maximum Time Allowed |
|---------------------|----------------------|
| 25                  | 30 Minutes           |
| 50                  | 60 Minutes           |
| 75                  | 90 Minutes           |
| 100                 | 120 Minutes          |

## **Project:**

1. The Fire Officer II Project is based on Job Performance Requirements listed in NFPA 1021 - Standard for Fire Officer Professional Qualifications, 2020 edition, Chapter 5. The Project includes initiating actions to maximize member performance; evaluating the job performance of assigned members; creating a professional development plan for a member of the organization; supervise multi-unit implementation of a community risk reduction (CRR) program; explain the benefits to the organization of cooperating with allied organization; developing a project or divisional budget; describing the process of purchasing, including soliciting and awarding bids; preparing a media release; preparing a concise report for transmittal to a supervisor; determining the area of origin and preliminary cause of a fire; producing operational plans; developing and conducting a post-incident analysis; preparing a written report; and analyzing a member's accident injury, or health exposure history. Detailed instructions and associated documents are located at the end of this Procedures Guide.

## **References / Textbooks:**

- IFSTA, *Fire and Emergency Services Company Officer*, 6<sup>th</sup> Edition, 2019
- Jones & Bartlett, *Fire Officer: Principles and Practice*, 4<sup>th</sup> Edition, 2021

**Please keep a copy of all your certification documentation for your own records.**

# Fire Officer II - Project

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## DIRECTIONS:

1. For this project, you are a Senior Company Officer with your department. The required assignments (skills) in this project reflect job tasks that would normally be completed by an individual in this position. The following checklist is a quick reference of each component of the project and also references the NFPA 1021 JPR the skill is derived from:
  - ☐ **Assignment (Skill) 1:** Initiate actions to maximize member performance and/or to correct unacceptable performance, given human resource policies and procedures, **JPR 5.2.1**; Evaluate the job performance of assigned members, given personnel records and evaluation forms, **JPR 5.2.2**.
  - ☐ **Assignment (Skill) 2:** Create a professional development plan for a member of the organization, given the requirements for promotion, **JPR 5.2.3**.
  - ☐ **Assignment (Skill) 3:** Supervise multi-unit implementation of a community risk reduction (CRR) program, given an AHJ CRR plan, policies, and procedures, **JPR 5.3.1**; Explain the benefits to the organization of cooperating with allied organizations, given a specific problem or issue in the community, **JPR 5.3.2**.
  - ☐ **Assignment (Skill) 4:** Develop a policy or procedure, given an assignment, **JPR 5.4.1**.
  - ☐ **Assignment (Skill) 5:** Develop a project or divisional budget, given schedules and guidelines concerning its preparation, **JPR 5.4.2**; Describe the process of purchasing, including soliciting and awarding bids, given established specifications, in order to ensure competitive bidding, **JPR 5.4.3**.
  - ☐ **Assignment (Skill) 6:** Prepare a concise report for transmittal to a supervisor, given fire department record(s) and a specific request for details such as trends, variances, or other related topics, **JPR 5.4.5**; Prepare a written report, given incident reporting data from the jurisdiction, **JPR 5.6.3**.
  - ☐ **Assignment (Skill) 7:** Determine the area of origin and preliminary cause of a fire, given a fire scene, photographs, diagrams, pertinent data, and/or sketches to determine whether arson is suspected, **JPR 5.5.1**; Prepare a media release, given an event or topic, **JPR 5.4.4**; Develop and conduct a post-incident analysis, given multi-unit incident and post-incident analysis policies, procedures, and forms, **JPR 5.6.2**.
  - ☐ **Assignment (Skill) 8:** Produce operational plans, given an emergency incident requiring multi-unit operations; the current editions of NFPA 1600, NFPA 1700, NFPA 1710, and NFPA 1720; and AHJ-approved safety procedures, **JPR 5.6.1**.
  - ☐ **Assignment (Skill) 9:** Analyze a member's accident, injury, or health exposure history, given a case study, **JPR 5.7.1**; Develop a plan to accomplish change in the organization, given agency's change of policy or procedures, **JPR 5.4.6**.
2. Once the Project has been completed, scan ALL documentation into a file and submit it through your ACADIS portal account utilizing the Webform: [iafstb.acadisonline.com](http://iafstb.acadisonline.com). As a reminder, please keep a copy of ALL your paperwork for your records.

**As a reminder, please keep a copy of ALL your paperwork for your records.**

## **Assignment 1 Scenario**

You will be given a scenario regarding a personnel issue that is requiring your intervention as a company officer. You will research and use your own department's regulations, SOPs/SOGs, policies, and procedures in dealing with this firefighter. You will initiate appropriate personnel actions, provide appropriate counseling, and complete a personnel evaluation.

You are the Company Officer on a crew containing an 18-year veteran as the driver operator, a 7-year veteran as a firefighter, and a 5 month probationary firefighter. You have been the supervisor for the veteran members for two years and received the Probationary Firefighter when he graduated the Fire Department Academy. The Probationary Firefighter, Damien Keefe had no previous firefighter knowledge before entering the Fire Department Academy and graduated with average to below average scores in Firefighter I and EMT. During his first 5 months, you are noticing different issues with Probationary Firefighter Keefe that are needing to be addressed through different personnel actions, counseling, evaluations, and development plans. Below are the three largest issues you have observed:

1. With Probationary Firefighter Keefe having no previous firefighter knowledge, he had a large uphill challenge learning all the information contained in Firefighter I and EMT. The academy completed the State of Iowa Program for both programs that involved a blend of classroom and hands on portions. When reviewing his file, you have found that Probationary Firefighter Keefe scored average with his class in the EMT and below average with his class in Firefighter I. As the Company Officer, you are required to complete a daily company level training activity that lasts longer than two hours. During this time, yourself and the veteran members of the crew have attempted to train Probationary Firefighter Keefe. During the training, you have found that he doesn't understand different equipment names and locations on the apparatus, is slow to don his PPE and SCBA during training and incidents, and makes constant mistakes during different evolutions that make it appear that he doesn't understand the components of the evolution.
2. You have noticed that Probationary Firefighter Keefe is having a difficult time relating to other members of your crew and has difficulty self-starting tasks or conversations with others. As with others having no previous firefighter knowledge, Probationary Firefighter Keefe doesn't understand the importance of teamwork when doing different tasks around the stations such as maintenance or cleaning. He is typically found doing an unrelated task while others are working together or will wait until someone else tells him how to complete the task step by step. Probationary Firefighter Keefe is a reserved individual in that he hasn't talked much about his personal life, background, or goals and can typically be found eating alone or looking at his cell phone during slow times.
3. During their probationary year, all probationary firefighters are required to obtain their Firefighter II certification within 6 months from graduating from the Fire Department Academy. You have reminded Probationary Firefighter Keefe about this requirement and have been told that he is working on the project portion, but you haven't seen him physically working on it. While cleaning the office area at the station, you observe two sets of Firefighter II Projects laying on the table. One set is Probationary Firefighter Keefe's and the other set belongs to a different probationary firefighter assigned to a different shift. After quickly reviewing the paperwork, it appears that the project information has been plagiarized, but you're unsure of which project is the original copy and which one is the plagiarized copy.

As mentioned above, you are required to initiate personnel actions, provide counseling, personnel evaluation, and the development of a personal action plan according to your own department's regulations, SOPs/SOGs, policies, and procedures.

## **Assignment 2 Scenario**

As a Supervisory Company Officer, you have been approached by Firefighter Jones, who has expressed an interest in the upcoming Lieutenants promotion cycle. You have agreed to assist Firefighter Jones with preparing for this promotion cycle by creating a professional development plan. Based on your own agency's promotion requirements, you are to create a plan that ensures Firefighter Jones can acquire all the necessary knowledge, skills, and abilities to be eligible for this position.

## **Assignment 3 Scenario**

During the last year, the Fire Chief has been working on a Strategic Plan for the Fire Department. One of the key pillars of the Strategic Plan is greater public engagement through a developed Community Risk Reduction (CRR) initiative. The Community Risk Reduction initiative was created after reviewing incident data from the last five years along with conducting meetings with different stake holders in the Community. The Fire Chief has elected to create a Community Risk Reduction initiative related to incipient stage fires and training individual's in the community on the use of fire extinguishers.

In the initiative, the Fire Chief wants every business in the community to receive fire extinguisher training; along with 50% of residences / homeowners in the community to receive the training in the next two years. The Fire Chief has worked with the Chamber of Commerce to identify local businesses and he has provided a business list to each of the Department's 4 Company Officers; each list of businesses has a total of 80 businesses the Chamber is affiliated with that must receive the training in the next two years along with at least doing 350 contacts with residences / homeowners in the community. A local hardware store has also agreed to donate a fire extinguisher to every business and residence / homeowner that receives the training.

As the Supervisory Company Officer, the Fire Chief has requested that you provide a detailed plan of how your Company Officers plan to complete the initiative during the next two years. This plan should include how you plan to schedule and complete the business list along with the residence/homeowner contacts. It should also include the coordination planned with the hardware store for distribution of the fire extinguishers. While knowing that this extinguisher training is a priority, maintaining the ability to respond to incidents, complete the required training and station maintenance, and other public education engagements are still needing to occur during the workday so ensuring a balance of different activities needs consideration.

## **Assignment 4 Scenario**

Based on the below scenario, you will identify a specific issue or need. You will then prepare a transmittal report to your Fire Chief explaining the need for the new policy or procedure. This report should concisely explain the need, and what is being done to solve the issue.

During the last three months, members of your crew along with yourself have noticed that the cleaning of the stations different vehicles is very inconsistent in quality and the timeframe of when they are cleaned. When referencing the current SOG on "Station Duties" there is only a brief mention of vehicle cleaning. Currently the SOG states, "Vehicles shall be cleaned when necessary and could include the cleaning of the interior, exterior, or the undercarriage."

When talking with the Fire Chief, he has also noticed the inconsistency of the vehicle cleaning and has suggested you draft an SOP/SOG that specifically relates to a process improvement for cleaning the vehicles. The SOP/SOG could include a schedule of when the different vehicles get cleaned, the time frames of when the interior, exterior, and undercarriage are cleaned, chemicals or products to use on the apparatus, and any other information to improve the cleaning process.

Once the SOP/SOG is created, the Fire Chief suggested creating an email that can be sent to the other Company Officers in the Fire Department. The Fire Chief suggested that the email contains information on why the new SOP/SOG was created, when the SOP/SOG would go in effect, ways to know the process is successful, and how all members will be aware of the change in the process.

## **Assignment 5 Scenario**

You will be given a scenario involving the purchase of a new system or program, or a major piece of equipment, and will be required to prepare a budget request to support this outlay, utilizing your own agency's policies and procedures for this type of action. You must include the costs relating to issues of personnel as they apply to overtime, backfill, etc.; training delivery, whether in-house or at another location; supporting equipment, purchase and installation; and facilities modification. You will also provide a description of the purchasing process, beginning with the solicitation of bids and ending with the award of the contract. You will prepare the consolidated budget request, appropriate explanatory supporting documents, and a transmittal document through the chain of command to the Fire Chief explaining all components of the request.

Please also submit a copy of your agency's procurement SOP/SOG or your municipality / township's procurement policy.

## **Assignment 6 Scenario**

You will be required to review Iowa NFIRS data for your own agency, to obtain the number of structure fires that have occurred over the last three (3) years, to develop a report to your Mayor or City Administrator. As part of this report, you will identify and report on any trends in building construction, fire cause, and geographic distribution of these fires. The report shall be no more than one (1) page in length and incorporate proper use of spelling and grammar.

You will also prepare a brief ½-page report describing the location of structure fires over the last three (3) years within your agency's jurisdiction and attempt to justify whether a new fire station should or shouldn't be built in areas of potential increased service demands.

# Project Budget Worksheet

## Personnel

| Budget Item  |  | Cost |
|--------------|--|------|
|              |  |      |
|              |  |      |
|              |  |      |
|              |  |      |
|              |  |      |
|              |  |      |
|              |  |      |
|              |  |      |
| <b>Total</b> |  |      |

## Operating

| Budget Item |              | Cost |
|-------------|--------------|------|
|             |              |      |
|             |              |      |
|             |              |      |
|             |              |      |
|             |              |      |
|             |              |      |
|             |              |      |
|             |              |      |
|             |              |      |
|             |              |      |
|             | <b>Total</b> |      |

## Total Proposed Project Budget

|              |  |
|--------------|--|
| Personnel    |  |
| Operating    |  |
|              |  |
| <b>Total</b> |  |

Your Fire Department has identified the need to establish a small training center that will allow firefighters to practice different fire ground scenarios. The Fire Chief has requested that you prepare a budget request to begin the development process for the training center. The justification for this training center is based upon the Fire Chiefs desire to drastically increase the amount of training hours by all Fire Department Personnel as he feels this will increase the overall safety and operations at the Fire Department. Additionally, with the creation of the Fire Department training center, is intended to reduce the cost of personnel overtime and facility rental fees from the local college as the cost has nearly doubled in the last five years.

The Fire Chief mentioned a few general ideas for the training center in that the City has land available for the training center in an undeveloped business park, be able to practice different scenarios with or without live fire, and would like it to replicate something similar to the two supplied pictures:



Since the development of the training center is in early stages, you have located a course in a neighboring state that deals with the designing, construction, and operations of container-based training centers. You have determined that you and one firefighter will be allowed to attend this specialized course to better assist with the development of the training center. With this course being out of state, it's anticipated that each member will earn 16 hours of overtime for the training.

You have visited with the Fire Chief, Mike Kennedy; and he has directed you to put a budget request for the specialized course. He recommends that the request explain the program, the justification, and the benefits to the department as well as the anticipated costs for the specialized course.

The following is information about the specialized course, needed equipment, personnel costs, and travel information.

### **Designing, Constructing, & Operating Container-Based Training Props**

The Training Center is known for its creative and functional use of shipping containers to provide some of the most realistic fireground training available. The Training center has 15 fully-functional container-based training props capable of creating both simulated and realistic fireground conditions for firefighters to practice and learn the skills needed during actual fireground operations.

This training course is designed to assist departments who are ready to take their training to the next level by creating and operating container-based training props during this three day course.

**Registration Fee: \$1,795.00 per Individual**

**Informational Material / Text Book - \$135.00 per Individual**

**Personnel Costs:**

Lieutenant Overtime per Hour - \$38.50

Firefighter Overtime per Hour - \$28.75

**Travel Information:**

Round Trip Flight per Person - \$305.67

Hotel Stay per Night – \$108.00

Breakfast Allowance - \$8.00

Lunch Allowance - \$12.00

Dinner Allowance - \$20.00

| MONDAY               | TUESDAY   | WEDNESDAY | THURSDAY  | FRIDAY                |
|----------------------|-----------|-----------|-----------|-----------------------|
| Leave on<br>Airplane | Class     | Class     | Class     | Return on<br>Airplane |
| Lunch                | Breakfast | Breakfast | Breakfast | Breakfast             |
| Dinner               | Lunch     | Lunch     | Lunch     | Lunch                 |
| Hotel                | Dinner    | Dinner    | Dinner    |                       |
|                      | Hotel     | Hotel     | Hotel     |                       |

## **Assignment 7 Scenario**

You will be required to investigate an actual fire call in your jurisdiction to determine the point of origin and preliminary cause, then prepare a media (news) release concerning this incident, in accordance with your agency's policies and procedures. Lastly, you will conduct a post-incident analysis of this incident.

### **PART 1: DETERMINE POINT OF ORIGIN AND PRELIMINARY CAUSE.**

You must use an actual fire call from your own jurisdiction. It may be a vehicle fire, a wildland fire, or a structure fire. Conduct a preliminary investigation of the fire to determine its area of origin and preliminary cause. Document your findings with at least two (2) photos, applicable witness statements, and other documentation required by your jurisdiction. Complete the appropriate NFIRS documents and create at least a 1-page technical report about your fire investigation, using the following format: ,size up information, suppression tactics used, interviews, evidence collection (if any), and area of origin and preliminary cause of the fire.

### **PART 2: PREPARE A MEDIA (NEWS) RELEASE.**

Based upon the fire you have investigated, prepare a media (news) release in accordance with your agency's policies and procedures for media (news) releases.

### **PART 3: DEVELOP AND CONDUCT A POST-INCIDENT ANALYSIS.**

Referring to your agency's policies, procedures, and SOP/SOG's, develop and conduct a post-incident analysis of the incident utilizing the provided FSTB Post-Incident Analysis form. Refer to the investigation you conducted; department reports and records of the response; dispatch reports; incident command reports, etc. After the report is completed, then conduct a formal post-incident analysis debrief with your crew, along with the post-incident analysis documentation.

## **Assignment 8 Scenario**

Incident #: 2021-001

Date: 12-17-2021

Time: 1400

Incident Name: Hampton Inn Fire

On 12-17-2021, at 1345 hours a severe winter storm passed through the central Iowa region causing low visibility, icy road conditions, and plummeting cold temperatures. At 1400 hours, Polk County dispatch received several calls about a reported commercial structure fire at the Hampton Inn in Happyville. This multi-story structure is located 1313 Mockingbird Lane, the major roadway between the towns of Happyville and Anyville. Happyville has a career fire department staffed 24 hours a day. Anyville is a volunteer fire department with 25 active members. It was reported that flames were visible from several floors of the hotel and that 5 people sustained injuries that ranged from minor to severe. Incident Command is established in the front main parking lot of the Hampton Inn. Weather conditions continue to deteriorate. Resources available and dispatched to this incident include the following:

Happyville Police Department Car 2  
Happyville Police Department Car 3  
Polk County Sheriff Office Car 10  
Anyville Fire Department Chief 1  
Anyville Fire Department Engine 1  
Anyville Fire Department Engine 2  
Anyville Fire Department Truck 4  
Anyville Fire Department Ambulance 1

Happyville Fire Department Chief 1  
Happyville Fire Department Engine 20  
Happyville Fire Department Engine 21  
Happyville Fire Department Truck 5  
Happyville Fire Department Ambulance 2  
Happyville Fire Department Ambulance 5  
Story County Medical Center Ambulance 6

The candidate shall also complete the provided ICS forms 201 and 202 based on the incident information provided above.

# POST-INCIDENT ANALYSIS

## I. INCIDENT DATA

Alarm #: \_\_\_\_\_ Date: \_\_\_\_\_

Your Unit Number: \_\_\_\_\_ Dispatch Time: \_\_\_\_\_

Arrival Time: \_\_\_\_\_ Alarm: 1st 2nd 3rd Other: \_\_\_\_\_

Your Incident Supervisor: \_\_\_\_\_ ICS Function: \_\_\_\_\_

Emergency Type: \_\_\_\_\_

Describe the Situation on Arrival: \_\_\_\_\_

## II. STRATEGY

What were the strategies for the incident? \_\_\_\_\_

How long did it take to achieve the goals?: \_\_\_\_\_

In what sequence were the strategies achieved: \_\_\_\_\_

How did you determine what the plan was? \_\_\_\_\_

Personal Observation: \_\_\_\_\_ Briefing by: \_\_\_\_\_

## III. TACTICS

Describe the tactical assignment given to you in chronological order: \_\_\_\_\_

ICS Position that gave you the assignment: \_\_\_\_\_

Coordination required with: \_\_\_\_\_

Coordination Determined: \_\_\_\_\_ at Briefing \_\_\_\_\_ During Operations

How did you determine your Supervisor?

\_\_\_\_\_ In the Directive \_\_\_\_\_ Observation

#### IV. PROBLEMS ENCOUNTERED

Type:

\_\_\_\_\_ Coordination

\_\_\_\_\_ Ineffective Equipment Use

\_\_\_\_\_ Inadequate Personnel

\_\_\_\_\_ Safety

\_\_\_\_\_ Other

\_\_\_\_\_ Staff Support

\_\_\_\_\_ Communications

\_\_\_\_\_ Equipment Failure

\_\_\_\_\_ Too Many Personnel

Descriptive Account of Problems Checked: \_\_\_\_\_

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Recommendations: \_\_\_\_\_

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## **V. ICS ORGANIZATION**

Draw the ICS Organizational Chart for your part of the operation. Start with your immediate supervisor and go up and down as far as you know.

## INCIDENT BRIEFING (ICS 201)

|                                                                                                                                                                                                                                                                                                               |                     |                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------------------------------------|
| 1. Incident Name:                                                                                                                                                                                                                                                                                             | 2. Incident Number: | 3. Date/Time Initiated:<br>Date: _____ Time: _____ |
| 4. Map/Sketch (include sketch, showing the total area of operations, the incident site/area, impacted and threatened areas, overflight results, trajectories, impacted shorelines, or other graphics depicting situational status and resource assignment):                                                   |                     |                                                    |
| 5. Situation Summary and Health and Safety Briefing (for briefings or transfer of command): Recognize potential incident Health and Safety Hazards and develop necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards. |                     |                                                    |
| 6. Prepared by: Name: _____ Position/Title: _____ Signature: _____                                                                                                                                                                                                                                            |                     |                                                    |
| ICS 201, Page 1                                                                                                                                                                                                                                                                                               |                     | Date/Time: _____                                   |

## INCIDENT BRIEFING (ICS 201)

[illegible]

## INCIDENT BRIEFING (ICS 201)

|                   |                     |                                                    |
|-------------------|---------------------|----------------------------------------------------|
| 1. Incident Name: | 2. Incident Number: | 3. Date/Time Initiated:<br>Date: _____ Time: _____ |
|-------------------|---------------------|----------------------------------------------------|

**9. Current Organization** (fill in additional organization as appropriate):

Incident Commander(s)

Liaison Officer

Safety Officer

Public Information Officer

Planning Section Chief

Operations Section Chief

Finance/Administration  
Section Chief

Logistics Section Chief

|                             |                       |                  |
|-----------------------------|-----------------------|------------------|
| 6. Prepared by: Name: _____ | Position/Title: _____ | Signature: _____ |
|-----------------------------|-----------------------|------------------|

|                 |                  |
|-----------------|------------------|
| ICS 201, Page 3 | Date/Time: _____ |
|-----------------|------------------|

## INCIDENT BRIEFING (ICS 201)

|                                                                    |                     |                     |                  |                                                    |                                    |
|--------------------------------------------------------------------|---------------------|---------------------|------------------|----------------------------------------------------|------------------------------------|
| 1. Incident Name:                                                  |                     | 2. Incident Number: |                  | 3. Date/Time Initiated:<br>Date: _____ Time: _____ |                                    |
| 10. Resource Summary:                                              |                     |                     |                  |                                                    |                                    |
| Resource                                                           | Resource Identifier | Date/Time Ordered   | ETA              | Arrived                                            | Notes (location/assignment/status) |
|                                                                    |                     |                     |                  | <input type="checkbox"/>                           |                                    |
|                                                                    |                     |                     |                  | <input type="checkbox"/>                           |                                    |
|                                                                    |                     |                     |                  | <input type="checkbox"/>                           |                                    |
|                                                                    |                     |                     |                  | <input type="checkbox"/>                           |                                    |
|                                                                    |                     |                     |                  | <input type="checkbox"/>                           |                                    |
|                                                                    |                     |                     |                  | <input type="checkbox"/>                           |                                    |
|                                                                    |                     |                     |                  | <input type="checkbox"/>                           |                                    |
|                                                                    |                     |                     |                  | <input type="checkbox"/>                           |                                    |
|                                                                    |                     |                     |                  | <input type="checkbox"/>                           |                                    |
|                                                                    |                     |                     |                  | <input type="checkbox"/>                           |                                    |
|                                                                    |                     |                     |                  | <input type="checkbox"/>                           |                                    |
|                                                                    |                     |                     |                  | <input type="checkbox"/>                           |                                    |
|                                                                    |                     |                     |                  | <input type="checkbox"/>                           |                                    |
|                                                                    |                     |                     |                  | <input type="checkbox"/>                           |                                    |
|                                                                    |                     |                     |                  | <input type="checkbox"/>                           |                                    |
|                                                                    |                     |                     |                  | <input type="checkbox"/>                           |                                    |
|                                                                    |                     |                     |                  | <input type="checkbox"/>                           |                                    |
|                                                                    |                     |                     |                  | <input type="checkbox"/>                           |                                    |
|                                                                    |                     |                     |                  | <input type="checkbox"/>                           |                                    |
| 6. Prepared by: Name: _____ Position/Title: _____ Signature: _____ |                     |                     |                  |                                                    |                                    |
| ICS 201, Page 4                                                    |                     |                     | Date/Time: _____ |                                                    |                                    |

## ICS 201

### Incident Briefing

**Purpose.** The Incident Briefing (ICS 201) provides the Incident Commander (and the Command and General Staffs) with basic information regarding the incident situation and the resources allocated to the incident. In addition to a briefing document, the ICS 201 also serves as an initial action worksheet. It serves as a permanent record of the initial response to the incident.

**Preparation.** The briefing form is prepared by the Incident Commander for presentation to the incoming Incident Commander along with a more detailed oral briefing.

**Distribution.** Ideally, the ICS 201 is duplicated and distributed before the initial briefing of the Command and General Staffs or other responders as appropriate. The "Map/Sketch" and "Current and Planned Actions, Strategies, and Tactics" sections (pages 1–2) of the briefing form are given to the Situation Unit, while the "Current Organization" and "Resource Summary" sections (pages 3–4) are given to the Resources Unit.

#### Notes:

- The ICS 201 can serve as part of the initial Incident Action Plan (IAP).
- If additional pages are needed for any form page, use a blank ICS 201 and repaginate as needed.

| Block Number | Block Title                                                                                                                                                                                                                                                                                                       | Instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1            | <b>Incident Name</b>                                                                                                                                                                                                                                                                                              | Enter the name assigned to the incident.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 2            | <b>Incident Number</b>                                                                                                                                                                                                                                                                                            | Enter the number assigned to the incident.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 3            | <b>Date/Time Initiated</b> <ul style="list-style-type: none"> <li>• Date, Time</li> </ul>                                                                                                                                                                                                                         | Enter date initiated (month/day/year) and time initiated (using the 24-hour clock).                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 4            | <b>Map/Sketch</b> (include sketch, showing the total area of operations, the incident site/area, impacted and threatened areas, overflight results, trajectories, impacted shorelines, or other graphics depicting situational status and resource assignment)                                                    | <p>Show perimeter and other graphics depicting situational status, resource assignments, incident facilities, and other special information on a map/sketch or with attached maps. Utilize commonly accepted ICS map symbology.</p> <p>If specific geospatial reference points are needed about the incident's location or area outside the ICS organization at the incident, that information should be submitted on the Incident Status Summary (ICS 209).</p> <p>North should be at the top of page unless noted otherwise.</p> |
| 5            | <b>Situation Summary and Health and Safety Briefing</b> (for briefings or transfer of command): Recognize potential incident Health and Safety Hazards and develop necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards. | Self-explanatory.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 6            | <b>Prepared by</b> <ul style="list-style-type: none"> <li>• Name</li> <li>• Position/Title</li> <li>• Signature</li> <li>• Date/Time</li> </ul>                                                                                                                                                                   | Enter the name, ICS position/title, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).                                                                                                                                                                                                                                                                                                                                                                                 |
| 7            | <b>Current and Planned Objectives</b>                                                                                                                                                                                                                                                                             | Enter the objectives used on the incident and note any specific problem areas.                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

| Block Number | Block Title                                                                                                                                                                                                                                                                                                                                                                                                | Instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 8            | <b>Current and Planned Actions, Strategies, and Tactics</b> <ul style="list-style-type: none"> <li>• Time</li> <li>• Actions</li> </ul>                                                                                                                                                                                                                                                                    | Enter the current and planned actions, strategies, and tactics and time they may or did occur to attain the objectives. If additional pages are needed, use a blank sheet or another ICS 201 (Page 2), and adjust page numbers accordingly.                                                                                                                                                                                                                                                                                    |
| 9            | <b>Current Organization</b> (fill in additional organization as appropriate) <ul style="list-style-type: none"> <li>• Incident Commander(s)</li> <li>• Liaison Officer</li> <li>• Safety Officer</li> <li>• Public Information Officer</li> <li>• Planning Section Chief</li> <li>• Operations Section Chief</li> <li>• Finance/Administration Section Chief</li> <li>• Logistics Section Chief</li> </ul> | <ul style="list-style-type: none"> <li>• Enter on the organization chart the names of the individuals assigned to each position.</li> <li>• Modify the chart as necessary, and add any lines/spaces needed for Command Staff Assistants, Agency Representatives, and the organization of each of the General Staff Sections.</li> <li>• If Unified Command is being used, split the Incident Commander box.</li> <li>• Indicate agency for each of the Incident Commanders listed if Unified Command is being used.</li> </ul> |
| 10           | <b>Resource Summary</b>                                                                                                                                                                                                                                                                                                                                                                                    | Enter the following information about the resources allocated to the incident. If additional pages are needed, use a blank sheet or another ICS 201 (Page 4), and adjust page numbers accordingly.                                                                                                                                                                                                                                                                                                                             |
|              | • Resource                                                                                                                                                                                                                                                                                                                                                                                                 | Enter the number and appropriate category, kind, or type of resource ordered.                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|              | • Resource Identifier                                                                                                                                                                                                                                                                                                                                                                                      | Enter the relevant agency designator and/or resource designator (if any).                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|              | • Date/Time Ordered                                                                                                                                                                                                                                                                                                                                                                                        | Enter the date (month/day/year) and time (24-hour clock) the resource was ordered.                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|              | • ETA                                                                                                                                                                                                                                                                                                                                                                                                      | Enter the estimated time of arrival (ETA) to the incident (use 24-hour clock).                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|              | • Arrived                                                                                                                                                                                                                                                                                                                                                                                                  | Enter an "X" or a checkmark upon arrival to the incident.                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|              | • Notes (location/assignment/status)                                                                                                                                                                                                                                                                                                                                                                       | Enter notes such as the assigned location of the resource and/or the actual assignment and status.                                                                                                                                                                                                                                                                                                                                                                                                                             |

## INCIDENT OBJECTIVES (ICS 202)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                  |                                |                                  |                                  |                           |                                  |                                  |                                |                                  |                                    |                                |                                   |                                                          |                                |                                  |  |                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|----------------------------------|---------------------------|----------------------------------|----------------------------------|--------------------------------|----------------------------------|------------------------------------|--------------------------------|-----------------------------------|----------------------------------------------------------|--------------------------------|----------------------------------|--|--------------------------------|
| <b>1. Incident Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>2. Operational Period:</b> Date From: _____ Date To: _____<br>Time From: _____ Time To: _____ |                                |                                  |                                  |                           |                                  |                                  |                                |                                  |                                    |                                |                                   |                                                          |                                |                                  |  |                                |
| <b>3. Objective(s):</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                  |                                |                                  |                                  |                           |                                  |                                  |                                |                                  |                                    |                                |                                   |                                                          |                                |                                  |  |                                |
| <b>4. Operational Period Command Emphasis:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                  |                                |                                  |                                  |                           |                                  |                                  |                                |                                  |                                    |                                |                                   |                                                          |                                |                                  |  |                                |
| General Situational Awareness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                  |                                |                                  |                                  |                           |                                  |                                  |                                |                                  |                                    |                                |                                   |                                                          |                                |                                  |  |                                |
| <b>5. Site Safety Plan Required?</b> Yes <input type="checkbox"/> No <input type="checkbox"/><br><b>Approved Site Safety Plan(s) Located at:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                  |                                |                                  |                                  |                           |                                  |                                  |                                |                                  |                                    |                                |                                   |                                                          |                                |                                  |  |                                |
| <b>6. Incident Action Plan</b> (the items checked below are included in this Incident Action Plan):<br><table style="width: 100%; border: none;"><tr><td style="width: 33%;"><input type="checkbox"/> ICS 203</td><td style="width: 33%;"><input type="checkbox"/> ICS 207</td><td style="width: 34%;"><u>Other Attachments:</u></td></tr><tr><td><input type="checkbox"/> ICS 204</td><td><input type="checkbox"/> ICS 208</td><td><input type="checkbox"/> _____</td></tr><tr><td><input type="checkbox"/> ICS 205</td><td><input type="checkbox"/> Map/Chart</td><td><input type="checkbox"/> _____</td></tr><tr><td><input type="checkbox"/> ICS 205A</td><td><input type="checkbox"/> Weather Forecast/Tides/Currents</td><td><input type="checkbox"/> _____</td></tr><tr><td><input type="checkbox"/> ICS 206</td><td></td><td><input type="checkbox"/> _____</td></tr></table> |                                                                                                  |                                | <input type="checkbox"/> ICS 203 | <input type="checkbox"/> ICS 207 | <u>Other Attachments:</u> | <input type="checkbox"/> ICS 204 | <input type="checkbox"/> ICS 208 | <input type="checkbox"/> _____ | <input type="checkbox"/> ICS 205 | <input type="checkbox"/> Map/Chart | <input type="checkbox"/> _____ | <input type="checkbox"/> ICS 205A | <input type="checkbox"/> Weather Forecast/Tides/Currents | <input type="checkbox"/> _____ | <input type="checkbox"/> ICS 206 |  | <input type="checkbox"/> _____ |
| <input type="checkbox"/> ICS 203                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> ICS 207                                                                 | <u>Other Attachments:</u>      |                                  |                                  |                           |                                  |                                  |                                |                                  |                                    |                                |                                   |                                                          |                                |                                  |  |                                |
| <input type="checkbox"/> ICS 204                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> ICS 208                                                                 | <input type="checkbox"/> _____ |                                  |                                  |                           |                                  |                                  |                                |                                  |                                    |                                |                                   |                                                          |                                |                                  |  |                                |
| <input type="checkbox"/> ICS 205                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Map/Chart                                                               | <input type="checkbox"/> _____ |                                  |                                  |                           |                                  |                                  |                                |                                  |                                    |                                |                                   |                                                          |                                |                                  |  |                                |
| <input type="checkbox"/> ICS 205A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Weather Forecast/Tides/Currents                                         | <input type="checkbox"/> _____ |                                  |                                  |                           |                                  |                                  |                                |                                  |                                    |                                |                                   |                                                          |                                |                                  |  |                                |
| <input type="checkbox"/> ICS 206                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                  | <input type="checkbox"/> _____ |                                  |                                  |                           |                                  |                                  |                                |                                  |                                    |                                |                                   |                                                          |                                |                                  |  |                                |
| <b>7. Prepared by:</b> Name: _____ Position/Title: _____ Signature: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                  |                                |                                  |                                  |                           |                                  |                                  |                                |                                  |                                    |                                |                                   |                                                          |                                |                                  |  |                                |
| <b>8. Approved by Incident Commander:</b> Name: _____ Signature: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                  |                                |                                  |                                  |                           |                                  |                                  |                                |                                  |                                    |                                |                                   |                                                          |                                |                                  |  |                                |
| ICS 202                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | IAP Page _____                                                                                   | Date/Time: _____               |                                  |                                  |                           |                                  |                                  |                                |                                  |                                    |                                |                                   |                                                          |                                |                                  |  |                                |

## ICS 202

### Incident Objectives

**Purpose.** The Incident Objectives (ICS 202) describes the basic incident strategy, incident objectives, command emphasis/priorities, and safety considerations for use during the next operational period.

**Preparation.** The ICS 202 is completed by the Planning Section following each Command and General Staff meeting conducted to prepare the Incident Action Plan (IAP). In case of a Unified Command, one Incident Commander (IC) may approve the ICS 202. If additional IC signatures are used, attach a blank page.

**Distribution.** The ICS 202 may be reproduced with the IAP and may be part of the IAP and given to all supervisory personnel at the Section, Branch, Division/Group, and Unit levels. All completed original forms must be given to the Documentation Unit.

#### Notes:

- The ICS 202 is part of the IAP and can be used as the opening or cover page.
- If additional pages are needed, use a blank ICS 202 and repaginate as needed.

| Block | Block Title                                                                                                                  | Instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-------|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1     | <b>Incident Name</b>                                                                                                         | Enter the name assigned to the incident. If needed, an incident number can be added.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 2     | <b>Operational Period</b> <ul style="list-style-type: none"> <li>• Date and Time From</li> <li>• Date and Time To</li> </ul> | Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 3     | <b>Objective(s)</b>                                                                                                          | <p>Enter clear, concise statements of the objectives for managing the response. Ideally, these objectives will be listed in priority order. These objectives are for the incident response for this operational period as well as for the duration of the incident. Include alternative and/or specific tactical objectives as applicable.</p> <p>Objectives should follow the SMART model or a similar approach:</p> <p><u>S</u>pecific – Is the wording precise and unambiguous?</p> <p><u>M</u>easurable – How will achievements be measured?</p> <p><u>A</u>ction-oriented – Is an action verb used to describe expected accomplishments?</p> <p><u>R</u>ealistic – Is the outcome achievable with given available resources?</p> <p><u>T</u>ime-sensitive – What is the timeframe?</p> |
| 4     | <b>Operational Period Command Emphasis</b>                                                                                   | Enter command emphasis for the operational period, which may include tactical priorities or a general weather forecast for the operational period. It may be a sequence of events or order of events to address. This is not a narrative on the objectives, but a discussion about where to place emphasis if there are needs to prioritize based on the Incident Commander's or Unified Command's direction. Examples: Be aware of falling debris, secondary explosions, etc.                                                                                                                                                                                                                                                                                                              |
|       | General Situational Awareness                                                                                                | General situational awareness may include a weather forecast, incident conditions, and/or a general safety message. If a safety message is included here, it should be reviewed by the Safety Officer to ensure it is in alignment with the Safety Message/Plan (ICS 208).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 5     | <b>Site Safety Plan Required?</b><br>Yes <input type="checkbox"/> No <input type="checkbox"/>                                | Safety Officer should check whether or not a site safety plan is required for this incident.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|       | <b>Approved Site Safety Plan(s) Located At</b>                                                                               | Enter the location of the approved Site Safety Plan(s).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

| Block Number | Block Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6            | <b>Incident Action Plan</b> (the items checked below are included in this Incident Action Plan):<br><input type="checkbox"/> ICS 203<br><input type="checkbox"/> ICS 204<br><input type="checkbox"/> ICS 205<br><input type="checkbox"/> ICS 205A<br><input type="checkbox"/> ICS 206<br><input type="checkbox"/> ICS 207<br><input type="checkbox"/> ICS 208<br><input type="checkbox"/> Map/Chart<br><input type="checkbox"/> Weather Forecast/<br>Tides/Currents<br><u>Other Attachments:</u> | Check appropriate forms and list other relevant documents that are included in the IAP.<br><br><input type="checkbox"/> ICS 203 – Organization Assignment List<br><input type="checkbox"/> ICS 204 – Assignment List<br><input type="checkbox"/> ICS 205 – Incident Radio Communications Plan<br><input type="checkbox"/> ICS 205A – Communications List<br><input type="checkbox"/> ICS 206 – Medical Plan<br><input type="checkbox"/> ICS 207 – Incident Organization Chart<br><input type="checkbox"/> ICS 208 – Safety Message/Plan |
| 7            | <b>Prepared by</b><br><ul style="list-style-type: none"> <li>• Name</li> <li>• Position/Title</li> <li>• Signature</li> </ul>                                                                                                                                                                                                                                                                                                                                                                    | Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).                                                                                                                                                                                                                                                                                                                                                                                            |
| 8            | <b>Approved by Incident Commander</b><br><ul style="list-style-type: none"> <li>• Name</li> <li>• Signature</li> <li>• Date/Time</li> </ul>                                                                                                                                                                                                                                                                                                                                                      | In the case of a Unified Command, one IC may approve the ICS 202. If additional IC signatures are used, attach a blank page.                                                                                                                                                                                                                                                                                                                                                                                                            |

## **Assignment 9 Scenario**

You will be required to research an incident and conduct/develop appropriate action.

**Health, Safety, Accident:** You will be given a scenario regarding a member's accident, injury, or health exposure. You will research and use your own agency's regulations, SOPs/SOGs, policies, or procedures in dealing with this scenario. You will complete an investigation of the occurrence, along with completing a summary report of your investigation. You will then develop an appropriate plan with supporting documentation to cause a positive change in your organization. This plan should include all appropriate support documents, messages, policies, etc., and be directed to the Fire Chief. This document should explain targeted training, policy or procedure development, and other ways to prevent similar incidents.

**SCENARIO:** You are a Supervisory Company Officer at the Anytown Fire Department assigned to Fire Station 7, A Shift. Fire Station 7 is located near a large housing development, over three square miles (7.8 km<sup>2</sup>) in size, and is situated in a wildland/interface environment. Anticipating an emergency threat posed by the possibility of brush and forest fire potential, the fire department stationed Brush Unit 7 in Fire Station 7.

David Dent is the senior firefighter on your shift and is the designated Driver/Operator for BU-7. He has been trained to operate fire department engines and aerial devices. Though national statistics indicate that brush units suffer the same accident rate as other apparatus, BU-7 has been involved in three accidents while backing up involving only 6 emergency calls. Senior Firefighter Dent has been the operator in all three accidents. No other accidents have been reported when other Driver/Operators are assigned to the vehicle. Though none have resulted in an injury, you believe that additional investigation and analysis are needed. The vehicle accidents have occurred often enough that you have become very concerned and believe that a more serious event could happen.

During the time that BU-7 has been in service, it has responded to 317 emergency calls. These calls by shift are: A Shift - 102; B Shift - 99; C Shift - 116

Of the 102 emergency calls that BU-7 has responded to during A Shift, Senior Firefighter Dent has been on duty and assigned to this vehicle for 95 of these calls. Each of the other Driver/Operators of BU- 7 has as many responses in the unit as D/O Dent.

D/O Dent is approximately 5'5" in height, and wears glasses, but his vision is corrected to 20/20. The other drivers assigned to BU-7 are each over six feet tall. BU-7 is a four- wheel drive vehicle on a standard pickup truck frame that has had a commercial fire body installed on the back. The cab is slightly higher than a normal pickup truck and due to the size of the fire body, oversized mirrors have been installed. These mirrors are of the type used on large trucks. The mirrors can be adjusted inward and outward, but will not move up or down. Anytown Fire Department has considered installing a different style of adjustable mirrors on this apparatus, but fear it will cost too much.

**Anytown Fire Department  
Vehicle Accident Report 1**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| <b>Date:</b> 03/04/18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Vehicle Assigned Location &amp; Address:</b><br>Fire Station 7<br>15673 Hatfield Road             |
| <b>Vehicle Designation:</b> BU-7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                      |
| <b>Name of Operator:</b> D/O Dent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>Vehicle Type:</b> Brush Unit                                                                      |
| <b>Driver's License Number:</b> 12345678                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Shift:</b> A                                                                                      |
| <b>Incident Number:</b> 05-030434769                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Fire Incident Type &amp; Location:</b> Wildland<br>Interface fire. Clear Wood Estates Development |
| <b>Police Department Accident Report Number:</b><br>05-030434769                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Injuries:</b> No injuries                                                                         |
| <b>Accident Description Narrative:</b><br>While responding to a reported field fire D/O David Dent struck a parked car as he tried to drive around a vehicle pulled to the side of the road. The front right side of BU-7 struck the left front quarter panel of the vehicle. D/O Dent was traveling about 35 miles per hour at the time of the accident and was trying to make a right turn from Clearwater Springs Road onto Bennet Street. The vehicle that was struck by BU-7 was stopped at the intersection.                                                                                                                                                                                                                                                                                                                                         |                                                                                                      |
| <b>Accident Cause Narrative:</b><br>D/O Dent was operating the BU-7 at 35 mph in a 20 mph zone while responding to a reported wildland fire in the Clear Wood Estates housing development. While attempting to make a hard right turn around a parked vehicle at the intersection of Woodland Acres Drive and Aspen Place, he struck a stopped vehicle. The vehicle was impacted on the left side suffering extensive damage from the driver's door forward. BU-7 sustained damage to the right front quarter panel and passenger door. Additionally, the right front tire was flattened. D/O Dent stated that he was watching for traffic to his left and began to make the turn, misjudging the proximity of the other vehicle. D/O Dent claimed that when he looked out the right side window, the mirror blocked his view of the vehicle to his right. |                                                                                                      |
| <b>Supervisor/Manager:</b><br><br>Your Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>Driver/Operator:</b><br><br>David Dent                                                            |

**Anytown Fire Department  
Vehicle Accident Report 2**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| <b>Date:</b> 10/23/18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Vehicle Assigned Location &amp; Address:</b><br>Fire Station 7<br>15673 Hatfield Road                                             |
| <b>Vehicle Designation:</b> BU-7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                      |
| <b>Name of Operator:</b> D/O Dent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Vehicle Type:</b> Brush Unit                                                                                                      |
| <b>Driver's License Number:</b> 12345678                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Shift:</b> A                                                                                                                      |
| <b>Incident Number:</b> 07-080424                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Fire Incident Type &amp; Location:</b> Brush pile.<br>Northwest quadrant of the Tall Ted Oak Estates<br>subdivision - no roadway. |
| <b>Police Department Accident Report Number:</b><br>06-1023256348                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                      |
| <b>Injuries:</b> No injuries                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                      |
| <b>Accident Description Narrative:</b><br>Following the extinguishment of a large brush fire, D/O Dent was returning to service when he struck a tree with BU-7. The tree was struck by the right side of the vehicle. The impact severely damaged the fire unit. The fire body, including all compartments on the right side, was crushed and the 200-gallon (800 L) water tank was ruptured. The fire pump was broken from its mountings. The right rear wheel well was displaced into the rear tires. D/O Dent stated that he had just begun to move the vehicle and was turning it around when the accident occurred. He also stated that he had checked his mirrors for objects but because of the location of the right side mirror he did not see the tree. |                                                                                                                                      |
| <b>Accident Cause Narrative:</b><br>The accident occurred in an area that was being prepared for development and was covered with slash and debris from these operations. The area where the accident happened was relatively clear except for the oak tree that was struck by BU-7 and about 300 feet from the location of the fire. D/O Dent stated that he had just begun to move the vehicle and was turning it around when the accident occurred. He also stated that he had checked his mirrors for objects but because of the location of the right side mirror he did not see the tree as he turned.                                                                                                                                                       |                                                                                                                                      |
| <b>Supervisor/Manager:</b><br><br>Your Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Driver/Operator:</b><br><br>David Dent                                                                                            |

**Anytown Fire Department  
Vehicle Accident Report 3**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <b>Date:</b> 11/14/18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Vehicle Assigned Location &amp; Address:</b><br>Fire Station 7<br>15673 Hatfield Road              |
| <b>Vehicle Designation:</b> BU-7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                       |
| <b>Name of Operator:</b> D/O Dent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>Vehicle Type:</b> Brush Unit                                                                       |
| <b>Driver's License Number:</b> 12345678                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Shift:</b> A                                                                                       |
| <b>Fire Incident Number:</b> 04-038976                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Fire Incident Type &amp; Location:</b> Brush fire.<br>Northwest section of Sweethomes Development. |
| <b>Police Department Accident Report Number:</b><br>04-111412540                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Injuries:</b> No injuries                                                                          |
| <b>Accident Description Narrative:</b><br>While responding to a reported brush fire BU-7 struck a stop sign on the northeast corner of Carol Avenue and Hatfield Road as it was making a right turn. The stop sign was knocked over and run over by BU-7. The vehicle suffered damage, mostly scraped paint, to the right door and right side of the fire body. D/O Dent stopped the vehicle and checked it for damage, and finding it minor proceeded to the fire for fire suppression activities. Dent claimed that when he looked to the right, the mirror on the passenger side partially blocked his vision causing him to misjudge the proximity of the curb and sign. |                                                                                                       |
| <b>Accident Cause Narrative:</b><br>The accident occurred while D/O Dent was attempting to make a right turn. The vehicle was turned too early and the rear of the vehicle went over the curb and struck the stop sign. Driver Dent stated that he was traveling at about 45 miles per hour. The posted speed limit is 25 miles per hour.                                                                                                                                                                                                                                                                                                                                    |                                                                                                       |
| <b>Supervisor/Manager:</b><br><br>Your Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Driver/Operator:</b><br><br>David Dent                                                             |