

### 3.1.6.3 Incident Record Keeping and Reporting



YOUR ORGANIZATION  
STANDARD OPERATING PROCEDURES/GUIDELINES

**TITLE:** Incident Record Keeping and Reporting

**SECTION/TOPIC:** Post-Incident Operations

**NUMBER:** 3.1.6.3

**ISSUE DATE:**

**REVISED DATE:**

**PREPARED BY:**

**APPROVED BY:**

X

Preparer

X

Approver

These SOPs/SOGs are based on FEMA guidelines FA-197

#### 1.0 POLICY REFERENCE

CFR

NFPA

NIMS

#### 2.0 PURPOSE

This standard operating procedure/guideline addresses completion of standard incident documentation, preparation and submission of special incident reports, incident review process, incident follow-up procedures.

#### 3.0 SCOPE

This SOP/SOG pertains to all personnel in this organization.

#### 4.0 DEFINITIONS

These definitions are pertinent to this SOP/SOG.

#### 5.0 PROCEDURES/GUIDELINES & INFORMATION

##### 5.1 Completion of Standard Incident Documentation:

This procedure provides guidelines for conducting post incident reviews. Fire companies are usually involved with several incidents each shift after which they could participate in a post incident review. Participants will benefit most when a post incident review is conducted at the incident scene. Information will be fresh in everyone's mind and the scene may help to reinforce learning. The Battalion Chief or Company Officer can conduct a review after any incident.

Several areas will be identified for discussion in each review.

- Response times
- RIC response
- Safety
- Firefighting
- Rescue
- Property Conservation
- Loss Control
- Other customer service issues

A new form has been developed to assist the BC in being thorough and consistent in the review. The form should be completed by the Battalion Chief and forwarded to the Tactical Services Section for review, reporting, and training. The reverse side of the Tactical Worksheet and other review check sheets are good tools to use in assisting a review of any incident. Use visual references of the scene whenever possible.

The purpose of the **safety** component of this review is to emphasize firefighter safety by reinforcing safety behaviors, assess the current level of safety (measure how we're doing), and identify areas where safety improvement can be made.

The focus of the review should be on the overall operation, firefighter safety and survival, and customer service. Reinforce all safety behaviors. In doing so, remember that individual successes should not outweigh the safety of the overall operation or crews.

The Post Incident Review should be concluded on a positive note. Single company reviews which are conducted by Captains after an incident or training exercise can be used to chart a company's improvement. In areas such as safety, the review may assist in focusing on areas a company may need to improve. Included in this procedure are check sheets to be used as tools in evaluating operational safety.

CITY  
FIRE DEPARTMENT

FIRE CONTROL EVALUATION

EVALUATION # \_\_\_\_\_ SHIFT \_\_\_\_\_

INVESTIGATOR \_\_\_\_\_

BY \_\_\_\_\_

OFFENSIVE--DEFENSIVE--MARGINAL O/D

(Circle One)

DATE \_\_\_\_\_ BATTALION \_\_\_\_\_

WORKING FIRE--SMOKE CONDITION--OTHER

(Circle appropriate one(s))

Describe building/occupancy conditions on arrival and action taken \_\_\_\_\_

---

---

---

---

Describe effectiveness of operation \_\_\_\_\_

---

---

---

Describe special considerations (hazardous materials, rescue, welfare efforts, injuries) \_\_\_\_\_

---

---

Describe salvage/overhaul operations \_\_\_\_\_

---

---

Describe condition of scene for investigator/occupant \_\_\_\_\_

---

---

---

ITEMS REQUIRING ATTENTION

Procedures \_\_\_\_\_ Dispatch/Response \_\_\_\_\_ Apparatus \_\_\_\_\_ Training \_\_\_\_\_  
Equipment \_\_\_\_\_ General Operations \_\_\_\_\_ Evaluations \_\_\_\_\_ Command \_\_\_\_\_  
Protective Clothing \_\_\_\_\_

What operations would you Change? \_\_\_\_\_

---

---

---

What operations worked well? Why? \_\_\_\_\_

---

---

City  
Fire Department  
**E.M.S. INCIDENT EVALUATION FORM**

Officer reporting \_\_\_\_\_ Battalion/Shift \_\_\_\_\_ Date \_\_\_\_\_

Card/Time \_\_\_\_\_ @ \_\_\_\_\_ Address \_\_\_\_\_

Treatment Level: E.M.T. ☐ Paramedic ☐ Other ☐ Units Responding \_\_\_\_\_

Description of incident (include number and priority of victims) \_\_\_\_\_

---

---

---

---

---

Describe extrication procedures performed \_\_\_\_\_

---

---

---

---

Describe treatment \_\_\_\_\_

---

---

---

Describe transportation \_\_\_\_\_

---

---

---

Describe how triage was performed \_\_\_\_\_

---

---

---

Describe anything that differed from Operational Manual; anything that created problems or caused the incident to work extremely well.

---

---

---

**5.2 Preparation and Submission of Special Incident Reports:**

**5.3 Incident Review Process:**

**5.4 Incident Follow Up Procedures:**