

## Bluebonnet Volunteer Fire Department Run Sheet (NFIRS #AR303)

PO Box 335, Cedar Creek, TX 78612

Date: \_\_\_\_\_ Incident #: \_\_\_\_\_

Toned Out	On Scene
En Route	Cleared

**Type of Incident:**

Structure Fire	% Loss	Property Value/Loss \$	Medical Assistance/EMS
Mobile Home	% Loss	Contents Value/Loss \$	Extrication/Rescue
Wildland	# Acres	Service Call/Smoke/Gas Smell	Fire Alarm/False Alarm
Vehicle Fire		Good Intent Call	Outside Rubbish Fire
Controlled Burn		Weather/Disaster	Vehicle Accident
OTHER: _____			

**Location of Incident:**

Address: \_\_\_\_\_ City/State/ZIP Code: \_\_\_\_\_

**Owner/Operator:**

Name: \_\_\_\_\_ Injuries: Y N  
 Address: \_\_\_\_\_ City/State/ZIP Code: \_\_\_\_\_  
 Vehicle Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Vehicle License: \_\_\_\_\_  
 Insurance: \_\_\_\_\_ Policy # \_\_\_\_\_ Drivers License # \_\_\_\_\_  
 Size-up upon arrival: \_\_\_\_\_

**Action taken. Be specific, list all equipment (equipment list on back), damage, actions taken:**

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

Apparatus	B021	B022	B023	E006	E007	E009	R032	T010	T012	S041	SR71
Water Used											
Mileage											

Chief Buddy Burrow BA-1	Jeff Wilson BA-22	Ray Cole BA-29	Blake Clampffer BA-36
Doug Palmersheim BA-2	Amber Crum BA-24	Don Loucks BA-30	David Gibbs BA-37
Robert Zimmerman BA-11	Sam Macklin BA-25	Justin Gadd BA-31	Roger Alvarado BA-39
Mark Mannard BA-13	Anna Allyn BA-26	Blake Henson BA-33	Curtis Powell BA-40
Paul Counterman BA-14	Keith Allyn BA-27	Travis Addison BA-34	Mark Clingan BA-42
Debbie Counterman BA-19	Bruce Allyn BA-28	Rick Davis BA-35	

\*\* Place a check mark by responding personnel (√) and circle the Incident Commander name.

**Wildland and Grass Fires:**

Area Type	
Cause	
Contributing Factors	
Buildings Threatened/Involved	
Weather: Wind/Humidity/Temp/Fire Danger Rating	
Primary Crops	

**Mutual Aid:**

Given/Received: 5-P AR306, 3N1 AR403, Travis CFR WP317, Bastrop AR401, TFS

Reported by: \_\_\_\_\_ BA- \_\_\_\_\_

# Equipment List

- Ppv Fan                       Generator                       Chain Saw                       Port. Pump                       Float Pump

**Please specify Quantity Used:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Flathead Axe _____                        | <input type="checkbox"/> Pick head Axe _____        | <input type="checkbox"/> Long Pike Pole _____       |
| <input type="checkbox"/> Sheetrock Pike Pole _____                 | <input type="checkbox"/> Short Pike Pole _____      | <input type="checkbox"/> Holligan Tool _____        |
| <input type="checkbox"/> Bolt Cutter _____                         | <input type="checkbox"/> Pry Bar _____              | <input type="checkbox"/> Fire Rake _____            |
| <input type="checkbox"/> Shovels _____                             | <input type="checkbox"/> Fire Flappers _____        | <input type="checkbox"/> Scoop Shovel _____         |
| <input type="checkbox"/> Broom _____                               | <input type="checkbox"/> Other Hand tools _____     | <input type="checkbox"/> Salvage Cover _____        |
| <input type="checkbox"/> SCBA Pack _____                           | <input type="checkbox"/> Water Extinguisher _____   | <input type="checkbox"/> Dry Chem Exting. _____     |
| <small>(Specify SCBA # &amp; amount used in notes section)</small> |   |   |
| <input type="checkbox"/> Co2 Extinguisher _____                    | <input type="checkbox"/> Scene Lights Each _____    | <input type="checkbox"/> Absorbent Per Bag _____    |
| <input type="checkbox"/> Absorbent Pads Each _____                 | <input type="checkbox"/> Disposable Coveralls _____ | <input type="checkbox"/> Neoprene Gloves Pair _____ |
| <input type="checkbox"/> Latex Gloves Pair _____                   | <input type="checkbox"/> Rescue Blanket _____       | <input type="checkbox"/> Hand Lights _____          |
| <input type="checkbox"/> Cones _____                               |   |   |

**Determine whether an incident:**

- |   |     |   |     |
|---|-----|---|-----|
| <input type="checkbox"/> Sawzall                        | Y N | <input type="checkbox"/> Foam Nozzle        | Y N |
| <input type="checkbox"/> Piercing Nozzle                | Y N | <input type="checkbox"/> M/S Fog Nozzle     | Y N |
| <input type="checkbox"/> M/S Straight Bore Nozzle       | Y N | <input type="checkbox"/> Heat Detection Gun | Y N |
| <input type="checkbox"/> Portable Tank                  | Y N | <input type="checkbox"/> Barricade Tape     | Y N |
| <input type="checkbox"/> Removal of Hazardous Materials | Y N | <input type="checkbox"/> Spreaders          | Y N |
| <input type="checkbox"/> Cutters                        | Y N | <input type="checkbox"/> Rams               | Y N |
| <input type="checkbox"/> Air Bags                       | Y N | <input type="checkbox"/> K-12 Saw           | Y N |
| <input type="checkbox"/> Ajax Tool                      | Y N | <input type="checkbox"/> K-Tool             | Y N |
| <input type="checkbox"/> Windshield Tool                | Y N | <input type="checkbox"/> Target Saw         | Y N |
| <input type="checkbox"/> Gas Sniffer                    | Y N | <input type="checkbox"/> T I C              | Y N |

**Please Specify Gallons Used:**

- Aff Foam \_\_\_\_\_  
 Class A Foam \_\_\_\_\_  
 Wildland Foam \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_