

NFIRS 5.0 Self-Study Program

Supplemental Form: NFIRS-1S

Objectives

After completing the Supplemental Form Module the student will be able to:

1. Describe the purpose and use of the Supplemental Form.
2. Demonstrate how to complete the Supplemental Form correctly, given a hypothetical incident scenario.

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Using the Supplemental Form

Use the Supplemental Form as a local option to document information regarding additional persons/entities involved with an incident or to record remarks that will not fit on existing modules.

Section K: FDID, State, Incident Date, Station, Incident Number, Exposure Number

A	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Delete	NFIRS-1S Supplemental
	FDID ☆	State ☆	MM Incident Date	DD Incident Date	YYYY Incident Date	Station	Incident Number ☆	Exposure ☆	<input type="checkbox"/> Change		

This information is drawn from Section A of the Basic Module. Use the data in the Basic Module to help you supply the requested information. If you are using an automated system the data need to be entered only once, then they will be transferred automatically into other modules that use the data.

Blocks K₁: Person/Entity Involved

Each block documents information about people or entities that could not be captured on the Basic Module. There are lines for a business name (if applicable), a telephone number, and an individual's name and address.

NOTE: This is the same set of data elements that are collected in PERSON/ENTITY INVOLVED – K₁ of the Basic Module.

K1 Person/Entity Involved

Local Option Business Name (if applicable) _____ Area Code _____ Phone Number _____


Check this box if same address as incident location. Then skip these three duplicate address lines.

Mr., Ms., Mrs. First Name _____ MI _____ Last Name _____ Suffix _____

Number _____ Prefix _____ Street or Highway _____ Street Type _____ Suffix _____

Post Office Box _____ Apt./Suite/Room _____ City _____

State _____ ZIP Code _____ - _____



K1 Person/Entity Involved

Local Option Business Name (if applicable) _____ Area Code _____ Phone Number _____


Check this box if same address as incident location. Then skip these three duplicate address lines.

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Section L1: Supplemental Special Studies

L1	Supplemental Special Studies	NFIRS-1S Supplemental													
	Local Option														
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This section provides space for temporary data elements that can be used for collection of information that is of special interest for a defined period. These fields should be used when you are using paper forms and need space for more than two Special Studies.

Special Study ID Number (SSID) – This number uniquely identifies each Special Study that is being run by the fire department, State, or National Fire Data Center (NFDC).

Special Study Codes – The value in the field being collected. Responses for Special Studies can be defined as codes or as alphanumeric entries of numeric values or dates. States, fire departments, and the NFDC can define Special Studies fields.

Special Studies allow departments, States, and the NFDC to collect information quickly on an issue or problem, and answer a specific question through the temporary use of a Special Study field over a defined period of time.

Section L2: Remarks

L2	Remarks: Local Option	
NFIRS-1S Revision 01/01/04		

You can enter any narrative information that is not collected elsewhere on the lines of this section. A special line is provided near the top to note page numbers for the additional pages.