

Appendix E- Department Forms List

Injury Accident Form- Used to document injuries to members, accidents, motor vehicle collisions, exposures, and accidents involving equipment damage.

Safety Officer Checklist- Used on scene by the Safety Officer

Near Miss Reporting Form- Used by a member after a near miss incident that does not result in injury or equipment damage and is reviewed by the safety committee

Monthly Station Inspection Form- Used for the monthly safety inspection of the station

Equipment Inspection Forms- Used monthly to check the equipment of all apparatus

Property Release Form- Used to release property back to owner after a fire or other damage

Firefighter Observation Report- Used after a fire by first in crews to aid the investigation.

Re-entry Training Worksheet- Used to return a firefighter to duty after an absence.

SCBA Quarterly Skill Sheet- Used once a quarter by all members to document SCBA training

Personnel Activity Sheet- Used to document an alarm

Drill Roster- Used to document attendance to drills

Training Roster- Used to document training other than drills

Misc Roster- Used to document any other hours by members than alarms and training

Emergency Medical Incident Report- Used to document an EMS alarm and serves as the MIR

Fire Report- Used to document all fires and any alarms other than EMS

Apparatus Driver's Checklist- Completed Yearly by all apparatus driver/operators

EVAP Road Driving Checklist- Used yearly to document road test

EVAP Rodeo Driver Evaluation- Used yearly to document EVAP rodeo

Semi-Annual Bunker Gear Inspection Form- Used bi-annually to document PPE inspection

Repair Request Form- Located on our web page and is used to submit repair requests

Carbon Monoxide Detector Activation Form- Used to document a carbon monoxide alarm and is given to the owner.

Training Request Form- Used to request an outside training class by a member

Yakima County Fire District 12

Fire Report

Date _____ Incident# _____

Address _____

Owner _____ Phone _____

Occupant _____ Phone _____

Type of Alarm: Structure Fire Vehicle Fire Citizen Assist Controlled Burn
 Wildland Fire Fire Alarm HAZ MAT Other _____

Property Use: Residential Open Land/Field Garage/Outbuilding Roadway
 School Warehouse Business/Commercial Other _____

Structure: Type of Construction _____ Building Size Sq Feet _____
Property Value \$ _____ Contents \$ _____ / Property Loss \$ _____ Contents \$ _____
Below Grade Story: sq feet _____ % damaged _____ Area of origin Y / N _____ N/A
First Story: sq feet _____ % damaged _____ Area of origin Y / N _____
Second Story: sq feet _____ % damaged _____ Area of origin Y / N _____ N/A
Third Story: sq feet _____ % damaged _____ Area of origin Y / N _____ N/A
Smoke Detectors? Y / N # _____ # Activated _____ Sprinkler System Y/ N Activated? Y / N
Extinguishment: Gal H2O _____ Gal Foam _____ Portable Extinguisher Y / N # _____
 Nob Hill Water Yakima-Tieton Irrigation

Vehicle: Year _____ Make _____ Model _____ Est Value \$ _____ Est Loss \$ _____
Area of Origin _____
Vin # _____ License# _____ State _____
Extinguishment: Gal H2O _____ Gal Foam _____ Portable Extinguisher Y / N # _____
 Nob Hill Water Yakima-Tieton Irrigation

Wildland: Urban Rural Urban Interface Forested Land
Estimated Acreage _____ Fuel Type _____ Topography _____
Area of Origin _____ Structures/Vehicles Involved? Y/ N _____
Extinguishment: Gal H2O _____ Gal Foam _____ Portable Extinguisher Y / N # _____
 Nob Hill Water Yakima-Tieton Irrigation

Insurance Info: Company _____ Agent _____ Phone _____

Investigation: By _____ Agency _____ Cause _____
Ignition Source _____ Items First Ignited _____

Additional Reports Necessary: Investigation Report Y / N Observation Report Y / N
Property Release Form Y / N After the Fire Book Y / N

On-Scene Incident Commander Name: _____

Report Written By: _____

WEST VALLEY FIRE DEPARTMENT

FIELD MEDICAL INCIDENT REPORT

Incident Number _____ Date _____
 Patient _____ of _____

Incident Address _____ Property Use _____

Patient's Full Name _____

Patient's Address _____

Age _____ DOB ____/____/____ M / F Phone Number _____

Chief Complaint _____ Physician _____

Primary Symptom _____ Est Weight _____

Mechanism of Injury _____ Allergies _____

Previous HX _____ Last Intake _____

Medications _____

Assessment

Illness	Cardiac	Trauma / MVA	Seizures
Respiratory	Diabetic	CVA / TIA	Overdose
Syncope	Allergic Reaction	Altered Mental Status	OB / Childbirth
Poisoning	GI problem	Burns _____%	Other _____

Pupils PERRL / Constricted / Unequal / Unreactive / Dilated / Fixed

Responsiveness Alert / Verbal / Painful / Unresponsive **Pain Scale** (1-10 / 10 being the worst) _____

Procedures

O2 Therapy Liters _____	BVM / Cannula / Mask	Combi-tube / King Airway	CPR
Defib / AED	Blood Glucose _____	Pulse Ox _____	DOA
Bleeding Control	Burns / Wound Care	Splint Fx's	
Spinal Immobilization	Chest / Abdominal Thrust	OB / Delivery	Suction
Extrication Time _____		Other _____	

Pt Position 

Taken by	Time	Blood Pressure	Pulse	Respirations	Cap Refill
_____	____:____	____/____	____ Regular/Irregular	____ Normal/Labored/Absent	<2 or >2 Sec
_____	____:____	____/____	____ Regular/Irregular	____ Normal/Labored/Absent	<2 or >2 Sec
_____	____:____	____/____	____ Regular/Irregular	____ Normal/Labored/Absent	<2 or >2 Sec

No Pt Found Ambulance on Scene First Pt Refusal Signs (on back) Lift Assist

Transported to PYMC YVMH No Transport Other _____

Transported by AMR ALS Fire Dept Family YSO Other _____

Law Enforcement YSO on Scene # _____ WSP on Scene# _____ Other _____

Responding Apparatus _____

Alarm Time _____ On Scene Time _____ In Service _____

Report By _____

Officer on Scene _____

Vehicle #1

License# _____

Make _____

Model _____

Year _____

Vehicle #2

License# _____

Make _____

Model _____

Year _____

Vehicle #3

License# _____

Make _____

Model _____

Year _____

Narrative / Comments

Signature

Employee #

Date

"I hereby acknowledge that I do not desire any further medical treatment or transportation at this time."

"I hereby acknowledge that I have been advised that evaluation, treatment and / or transportation is necessary for my condition. I have also been informed of the potential risk involved if I do not comply with this advice."

"Furthermore I state my refusal to follow the advice given me by emergency medical personnel, and refuse further evaluation, treatment and / or transportation to a medical facility. By the above statements, I hereby absolve and hold harmless of any responsibility all emergency medical services (EMS) personnel, and their agents, for any ill effects which may result from my actions."

"Do Not Resuscitate" directive presented and verified.

Patient / Guardian Signature _____ Date _____

Signature of Witness _____ Date _____



Training Request Form

Date Requested: _____

Person Requesting Training: _____

Class Requested: _____

Dates of Class: _____ through _____

Registration Class Cost: _____

Class Location: _____

Justification for Attending Class:

Requestor Signature

COPY OF CLASS REGISTRATION MUST BE ATTACHED TO REQUEST

For Office Use Only:

Per Diem: _____

Lodging: Nights _____ Hotel _____

Meals: Breakfast _____ Lunch _____ Dinner _____

Other Known Expenses (mileage /parking/ferry) _____

Training Approved () Yes () No

T/O Signature _____ Date _____



Yakima County Fire District 12
10000 Zier Rd, Yakima, WA 98908

Property Release Form

Print Name of Responsible: _____

Owner Occupant Other (describe) _____

Re: Incident location _____

And any and all real and/or personal property contained therein.

Please be advised that on the date of _____, 20____ at the hour of _____
Yakima County Fire District 12 Fire Department will remove all personnel and equipment from
the burned and/or damaged premises designated above and release the property back to the
undersigned Responsible person.

(Select by checking all appropriate recommendation(s) that apply and have responsible person initial.)

I have been advised by the Fire Department Representative that there are potential safety
hazards as a result of the incident which may include one or any of the following:

- The structural integrity of the building may be compromised, and there is a potential risk
of collapse or weakening of structural components (floor, roof, walls, ect...). _____
- The products of combustion can be hazardous to your health. Most often, as a result of
fire there is soot covering areas of the interior of the structure and its contents. This
condition is very dangerous and can have long-term health effects. _____
- You have been advised to not enter the following areas of the property and/or
structure: _____

Special recommendations and/or considerations from the Fire Department Representative
include :(i.e. food, electrical, other) _____

Referred to County Fire Marshall for Codes (574-2360) or through dispatch.

Referred to www.westvalleyfire.com community page, "after the fire" link.

Insurance Company _____

Responsible Signature _____ **Contact Phone** _____

FD Rep Print Name _____ **Signature** _____