



Saint Paul Fire Department  
 645 Randolph Avenue  
 Saint Paul, MN 55102  
 (651) 224-7811

## NFIRS-1 Basic

**A**

62210	MN	10	20	2021	Station #18 (18)	SPFD211020045888	0
FDID	State	Month	Day	Year	Station	Number	Exposure

**B Location Type**

Census tract:  
0312.00

Street Address  
 Intersection  
 In Front Of  
 Rear Of  
 Adjacent To  
 Directions  
 US National Grid

1015		CHURCHILL	ST-Street	
Number	Prefix	Street or Highway	Street Type	Suffix

	Saint Paul	MN	55103
Apt./Suite/Room	City	State	Zip Code

Cross Street

<p><b>C Incident Type</b></p> <p>111-Building fire</p>	<p><b>E1 Dates and Times</b></p> <p>Alarm 10   20   2021   12:15</p> <p>Arrival 10   20   2021   12:19</p> <p>Controlled [ ] [ ] [ ] [ ]</p> <p>Last Unit Cleared 10   20   2021   13:31</p>	<p><b>E2 Shifts and Alarms</b></p> <p>C   1   D2</p> <p>Shift or Platoon Alarms District</p>			
<p><b>D Aid Given Or Received</b></p> <p> <input type="checkbox"/> 1 Mutual Aid Received  <input type="checkbox"/> 2 Auto. Aid Received  <input type="checkbox"/> 3 Mutual Aid Given  <input type="checkbox"/> 4 Auto. Aid Given  <input type="checkbox"/> 5 Other Aid Given  <input checked="" type="checkbox"/> None         </p> <table border="1"> <tr> <td>Their FDID</td> <td>Their State</td> </tr> <tr> <td colspan="2">Their Incident Number</td> </tr> </table>	Their FDID	Their State	Their Incident Number		<p><b>E3 Special Studies</b></p> <p>9244   4 - Unknown</p> <p>ID# Value</p>
Their FDID	Their State				
Their Incident Number					

<p><b>F Actions Taken</b></p> <p>11-Extinguishment by fire service personnel</p> <p>Primary Action Taken</p> <p>12-Salvage &amp; overhaul</p> <p>Additional Action Taken</p> <p>51-Ventilate</p> <p>Additional Action Taken</p> <p>84-Refer to proper authority</p> <p>Additional Action Taken</p>	<p><b>G1 Resources</b></p> <p><input checked="" type="checkbox"/> Apparatus or Personnel Module is used.</p> <table border="1"> <tr> <td>Suppression</td> <td>Apparatus</td> <td>Personnel</td> </tr> <tr> <td></td> <td>7</td> <td>0</td> </tr> <tr> <td>EMS</td> <td>0</td> <td>0</td> </tr> <tr> <td>Other</td> <td>0</td> <td>0</td> </tr> </table> <p><input type="checkbox"/> Resource counts include aid received resources.</p>	Suppression	Apparatus	Personnel		7	0	EMS	0	0	Other	0	0	<p><b>G2 Estimated Dollar Losses and Values</b></p> <p><b>Losses:</b> Required for all fires if known. Optional for all non-fires. None</p> <p>Property: \$ 10,000.00 <input type="checkbox"/></p> <p>Contents: \$ 3,000.00 <input type="checkbox"/></p> <p><b>Pre-Incident Values:</b> Optional None</p> <p>Property: \$ 30,000.00 <input type="checkbox"/></p> <p>Contents: \$ <input type="checkbox"/> <input checked="" type="checkbox"/></p>
Suppression	Apparatus	Personnel												
	7	0												
EMS	0	0												
Other	0	0												

<b>Completed Modules</b> <input type="checkbox"/> 2 - Fire <input type="checkbox"/> 3 - Structure Fire <input type="checkbox"/> 4 - Civilian Fire Cas. <input type="checkbox"/> 5 - Fire Service Cas. <input type="checkbox"/> 6 - EMS <input type="checkbox"/> 7 - HazMat <input type="checkbox"/> 8 - Wildland Fire <input type="checkbox"/> 9 - Apparatus <input type="checkbox"/> 10 - Personnel <input type="checkbox"/> 11 - Arson	<b>H1 Casualties</b> <input checked="" type="checkbox"/> None Deaths      Injuries Fire Service <input type="text" value="0"/> <input type="text" value="0"/> Civilian <input type="text" value="0"/> <input type="text" value="0"/>	<b>H3 Hazardous Materials Release</b> <input type="checkbox"/> 1 - Natural Gas <input type="checkbox"/> 2 - Propane Gas <input type="checkbox"/> 3 - Gasoline <input type="checkbox"/> 4 - Kerosene <input type="checkbox"/> 5 - Diesel Fuel / Fuel Oil <input type="checkbox"/> 6 - Household Solvents <input type="checkbox"/> 7 - Motor Oil <input type="checkbox"/> 8 - Paint <input type="checkbox"/> 0 - Other <input checked="" type="checkbox"/> None	<b>I Mixed Use Property</b> <input type="checkbox"/> Not Mixed <input type="checkbox"/> 10 - Assembly Use <input type="checkbox"/> 20 - Education Use <input type="checkbox"/> 33 - Medical Use <input type="checkbox"/> 40 - Residential Use <input type="checkbox"/> 51 - Row Of Stores <input type="checkbox"/> 53 - Enclosed Mall <input type="checkbox"/> 58 - Business and Residential <input type="checkbox"/> 59 - Office Use <input type="checkbox"/> 60 - Industrial Use <input type="checkbox"/> 63 - Military Use <input type="checkbox"/> 65 - Farm Use <input type="checkbox"/> 00 - Other Mixed Use
	<b>H2 Detector</b> Required for Confined Fires <input type="checkbox"/> 1 - Detector Alerted Occupants <input type="checkbox"/> 2 - Detector Did Not Alert Them <input type="checkbox"/> 3 - Unknown		

<b>J Property Use Structures</b> <input type="checkbox"/> None <input type="checkbox"/> 131 Church, Place of Worship <input type="checkbox"/> 161 Restaurant or Cafeteria <input type="checkbox"/> 162 Bar/Tavern or Nightclub <input type="checkbox"/> 213 Elementary School, Kindegarten <input type="checkbox"/> 215 High School, Junior High <input type="checkbox"/> 241 College, Adult Education <input type="checkbox"/> 311 Nursing Home <input type="checkbox"/> 331 Hospital	<input type="checkbox"/> 341 Clinic, Clinic-Type Infirmary <input type="checkbox"/> 342 Doctor/Dentist Office <input type="checkbox"/> 361 Prison or Jail, Not Juvenile <input type="checkbox"/> 419 1- or 2-Family Dwelling <input type="checkbox"/> 429 MultiFamily Dwelling <input type="checkbox"/> 439 Rooming/Boarding House <input type="checkbox"/> 449 Commerical Hotel or Motel <input type="checkbox"/> 459 Residential, Board and Care <input type="checkbox"/> 464 Dormitory/Barracks <input type="checkbox"/> 519 Food and Beverage Sales	<input type="checkbox"/> 539 Household Goods, Sales, Repairs <input type="checkbox"/> 571 Gas or Service Station <input type="checkbox"/> 579 Motor Vehicle/Boat Sales/Repairs <input type="checkbox"/> 599 Business Office <input type="checkbox"/> 615 Electric-Generating Plant <input type="checkbox"/> 629 Laboratory/Science Laboratory <input type="checkbox"/> 700 Manufacturing Plant <input type="checkbox"/> 819 Livestock/Poultry Storage (Barn) <input type="checkbox"/> 882 Non-Residential Parking Garage <input type="checkbox"/> 891 Warehouse
--	--	--

<b>Outside</b> <input type="checkbox"/> 124 Playground or Park <input type="checkbox"/> 655 Crops or Orchard <input type="checkbox"/> 669 Forest (Timberland) <input type="checkbox"/> 807 Outdoor Storage Area <input type="checkbox"/> 919 Dump or Sanitary Landfill <input type="checkbox"/> 931 Open Land or Field <input type="checkbox"/> 936 Vacant Lot	<input type="checkbox"/> 938 Graded/Cared for Plot of Land <input type="checkbox"/> 946 Lake, River, Stream <input type="checkbox"/> 951 Railroad Right-of-Way <input type="checkbox"/> 960 Other Street <input type="checkbox"/> 961 Highway/Divided Highway <input type="checkbox"/> 962 Residential Street/Driveway <input type="checkbox"/> 981 Construction Site <input type="checkbox"/> 984 Industrial Plant Yard	<b>Property Use:</b> <input type="text" value="881-Parking garage, (detached residential garage)"/> <b>Description</b> Look up and enter a Property Use code and description only if you have NOT checked a Property Use box.
---	---	--

--

<b>K2</b>				
<b>Owner</b>				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Local Option	Person/Entity Type	Business Name (if applicable)	Phone Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mr., Ms., Mrs.	First Name	MI	Last Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number	Prefix	Street or Highway	Street Type	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Post Office Box	Apt./Suite/Room		City	
<input type="text"/>	<input type="text"/>		<input type="text"/>	
State	Zip Code			
<input type="text"/>	<input type="text"/>			

<b>L Remarks:</b>  <p>The fire department responded to a fire in a detached two car garage. District Chief 1, on arrival, observed smoke coming from the eaves of the garage. Engine 22, on arrival, deployed a 1 3/4 inch pre-connected hose line through the service door of the garage and reported a quick knock down of the fire. Ladder 18 ventilated the structure removing the overhead door and secured the utilities. Engine 14 supplied Engine 22 with water.</p> <p>This garage was packed full of household goods and furniture. Ladder 18, Engine 14, and Engine 22 overhauled and washed down the structure with foam to prevent rekindle.</p> <p>Fire Investigator Blank was the fire investigator on this incident. The resident was given an "After the Fire Brochure". District Chief 1 also submitted a Form #4 to D.S.I. Board-up company secured the structure.</p>
---

<b>M Authorization</b>				
<input type="text" value="1835"/>	<input type="text" value="Baumeister, Arthur"/>	<input type="text" value="DC"/>	<input type="text" value="C1"/>	<input type="text" value="10/21/2021"/>
Officer In Charge ID	Signature	Position or Rank	Assignment	Date
<input type="text" value="1835"/>	<input type="text" value="Baumeister, Arthur"/>	<input type="text" value="DC"/>	<input type="text" value="C1"/>	<input type="text" value="10/21/2021"/>
Member Making Report ID	Signature	Position or Rank	Assignment	Date

# NFIRS-2 Fire

**A**

62210	MN	10	20	2021	Station #18 (18)	SPFD211020045888	0
FDID	State	Month	Day	Year	Station	Number	Exposure

<p><b>B</b></p> <p><b>Property Details</b></p> <p><b>B1</b> <input type="text"/> <input checked="" type="checkbox"/> Not Residential  <small>Estimated number of residential living units in the building of origin whether or not all units became involved</small></p> <p><b>B2</b> <input type="text" value="1"/> <input type="checkbox"/> Buildings Not Involved  <small>Number of buildings involved</small></p> <p><b>B3</b> <input type="text"/> <input checked="" type="checkbox"/> None <input type="checkbox"/> Less than 1 acre  <small>Acres burned (outside fires)</small></p>	<p><b>C</b></p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><b>On-Site Materials Or Products</b></p> <p><input type="text" value="240-Furnishings, other"/>  <small>On-site material (1)</small></p> </td> <td style="width: 50%; vertical-align: top;"> <p><b>On-Site Materials Storage Use</b></p> <p><input type="checkbox"/> 1 - Bulk Storage or warehousing  <input type="checkbox"/> 2 - Processing or manufacturing  <input type="checkbox"/> 3 - Packaged goods for sale  <input type="checkbox"/> 4 - Repair or service  <input type="checkbox"/> U - Undetermined</p> </td> </tr> </table>	<p><b>On-Site Materials Or Products</b></p> <p><input type="text" value="240-Furnishings, other"/>  <small>On-site material (1)</small></p>	<p><b>On-Site Materials Storage Use</b></p> <p><input type="checkbox"/> 1 - Bulk Storage or warehousing  <input type="checkbox"/> 2 - Processing or manufacturing  <input type="checkbox"/> 3 - Packaged goods for sale  <input type="checkbox"/> 4 - Repair or service  <input type="checkbox"/> U - Undetermined</p>
<p><b>On-Site Materials Or Products</b></p> <p><input type="text" value="240-Furnishings, other"/>  <small>On-site material (1)</small></p>	<p><b>On-Site Materials Storage Use</b></p> <p><input type="checkbox"/> 1 - Bulk Storage or warehousing  <input type="checkbox"/> 2 - Processing or manufacturing  <input type="checkbox"/> 3 - Packaged goods for sale  <input type="checkbox"/> 4 - Repair or service  <input type="checkbox"/> U - Undetermined</p>		

<p><b>D</b></p> <p><b>Ignition</b></p> <p><b>D1</b> <input type="text" value="47-Vehicle storage area; garage, carport"/>  <small>Area of Fire Origin</small></p> <p><b>D2</b> <input type="text" value="13-Electrical arcing"/>  <small>Heat Source</small></p> <p><b>D3</b> <input type="text" value="99-Multiple items first ignited"/>  <small>Item First Ignited</small></p> <p><b>D4</b> <input type="text"/>  <small>Type of Material First Ignited</small></p>	<p><b>E1</b></p> <p><b>Cause of Ignition</b></p> <p><input type="checkbox"/> 1 - Intentional  <input checked="" type="checkbox"/> 2 - Unintentional  <input type="checkbox"/> 3 - Failure of Equipment or Heat Source  <input type="checkbox"/> 4 - Act of Nature  <input type="checkbox"/> 5 - Cause Under Investigation  <input type="checkbox"/> U - Cause Undetermined After Investigation</p> <hr/> <p><b>E2</b></p> <p><b>Factors Contributing to Ignition</b></p> <p><input type="text" value="30-Electrical failure, malfunction, other"/>  <small>Factor Contributing to Ignition</small></p>	<p><b>E3</b></p> <p><b>Human Factors Contributing to Ignition</b></p> <p>Check all applicable boxes</p> <p><input checked="" type="checkbox"/> None  <input type="checkbox"/> 1 - Asleep  <input type="checkbox"/> 2 - Possibly impaired by alcohol or drugs  <input type="checkbox"/> 3 - Unattended person  <input type="checkbox"/> 4 - Possibly Mentally Disabled  <input type="checkbox"/> 5 - Physically Disabled  <input type="checkbox"/> 6 - Multiple Persons Involved</p> <hr/> <p><input type="checkbox"/> 7 - Age Was A Factor</p> <p>Estimated Age of Person Involved <input type="text"/>  <input type="checkbox"/> Male <input type="checkbox"/> Female</p>
--	--	--

<p><b>F1</b></p> <p><b>Equipment Involved In Ignition</b></p> <p><input checked="" type="checkbox"/> None</p> <p><input type="text"/>  <small>Equipment Involved</small></p> <p>Brand <input type="text"/>          Model <input type="text"/>          Serial # <input type="text"/>          Year <input type="text"/></p>	<p><b>F2</b></p> <p><b>Equipment Power Source</b></p> <p><input type="text"/>  <small>Equipment Power Source</small></p> <hr/> <p><b>F3</b></p> <p><b>Equipment Portability</b></p> <p><input type="checkbox"/> 1 - Portable  <input type="checkbox"/> 2 - Stationary  <small>Portable equipment normally can be moved by one or two persons.</small></p>	<p><b>G</b></p> <p><b>Fire Suppression Factors</b></p> <p><input type="text" value="None"/>  <small>Fire Suppression Factor</small></p>
--	---	---

<p><b>H1</b></p> <p><b>Mobile Property Involved</b></p> <p><input type="checkbox"/> 1 - Not involved in ignition, but burned  <input type="checkbox"/> 2 - Involved in ignition, but did not burn  <input type="checkbox"/> 3 - Involved in ignition and burned  <input checked="" type="checkbox"/> None</p>	<p><b>H2</b></p> <p><b>Mobile Property Type and Make</b></p> <p><input type="text"/>  <small>Mobile Property Type</small></p> <p><input type="text"/>  <small>Mobile Property Make</small></p> <hr/> <p><input type="text"/>  <small>Mobile Property Model</small></p> <p><input type="text"/>  <small>Year</small></p> <hr/> <p><input type="text"/>  <small>State</small></p> <p><input type="text"/>  <small>License Plate Number</small></p> <p><input type="text"/>  <small>VIN</small></p>	<p><b>Local Use</b></p> <p><input type="checkbox"/> Pre-Fire Plan Available  <input type="checkbox"/> Arson Report Attached  <input type="checkbox"/> Police Report Attached  <input type="checkbox"/> Coroner Report Attached  <input type="checkbox"/> Other Reports Attached</p> <hr/> <hr/> <hr/> <hr/> <hr/>
---	--	---

# NFIRS-3 Structure Fire

<p><b>I1</b></p> <p><b>Structure Type</b></p> <p><input checked="" type="checkbox"/> 1 - Enclosed Building  <input type="checkbox"/> 2 - Portable/Mobile Structure  <input type="checkbox"/> 3 - Open Structure  <input type="checkbox"/> 4 - Air-Supported Structure  <input type="checkbox"/> 5 - Tent  <input type="checkbox"/> 6 - Open Platform  <input type="checkbox"/> 7 - Underground Structure  <input type="checkbox"/> 8 - Connective Structure  <input type="checkbox"/> 0 - Other</p>	<p><b>I2</b></p> <p><b>Building Status</b></p> <p><input type="checkbox"/> 1 - Under Construction  <input checked="" type="checkbox"/> 2 - In Normal Use  <input type="checkbox"/> 3 - Idle, Not Routinely Used  <input type="checkbox"/> 4 - Under Major Renovation  <input type="checkbox"/> 5 - Vacant and Secured  <input type="checkbox"/> 6 - Vacant and Unsecured  <input type="checkbox"/> 7 - Being Demolished  <input type="checkbox"/> 0 - Other  <input type="checkbox"/> U - Undetermined</p>	<p><b>I3</b></p> <p><b>Building Height</b></p> <p>Number of Stories At/Above Grade: <input style="width: 30px; text-align: center;" type="text" value="1"/>          Number of Stories Below Grade: <input style="width: 30px; text-align: center;" type="text" value="0"/></p>	<p><b>I4</b></p> <p><b>Main Floor Size</b></p> <p>Total Square Feet: <input style="width: 60px; text-align: center;" type="text" value="440"/>  <b>OR</b>          Length (ft) X Width (ft): <input style="width: 30px;" type="text"/> BY <input style="width: 30px;" type="text"/></p>
<p><b>J1</b></p> <p><b>Fire Origin</b></p> <p>Story of Fire Origin: <input style="width: 30px; text-align: center;" type="text" value="1"/> <input type="checkbox"/> Below Grade</p>	<p><b>J3</b></p> <p><b>Number of Stories Damaged By Flame</b></p> <p>Number of Stories w/Minor Damage (1-24%): <input style="width: 30px;" type="text"/>          Number of Stories w/Significant Damage (25-49%): <input style="width: 30px;" type="text"/>          Number of Stories w/Heavy Damage (50-74%): <input style="width: 30px;" type="text"/>          Number of Stories w/Extreme Damage (75-100%): <input style="width: 30px;" type="text"/>          *Count the roof as part of the highest story</p>	<p><b>K</b></p> <p><b>Type of Material Contributing Most to Flame Spread</b></p> <p>K1: <input style="width: 30px;" type="text"/> Item Contributing Most to Flame Spread</p> <p>K2: <input style="width: 30px;" type="text"/> Type of Material Contributing Most To Flame Spread</p>	
<p><b>L1</b></p> <p><b>Presence of Detectors</b></p> <p><input checked="" type="checkbox"/> N - None Present  <input type="checkbox"/> 1 - Present  <input type="checkbox"/> U - Undetermined</p>	<p><b>L3</b></p> <p><b>Detector Power Supply</b></p> <p><input type="checkbox"/> 1 - Battery Only  <input type="checkbox"/> 2 - Hardwire Only  <input type="checkbox"/> 3 - Plug-In  <input type="checkbox"/> 4 - Hardwire With Battery  <input type="checkbox"/> 5 - Plug-In With Battery  <input type="checkbox"/> 6 - Mechanical  <input type="checkbox"/> 7 - Multiple Detectors &amp; Power Supplies  <input type="checkbox"/> 0 - Other  <input type="checkbox"/> U - Undetermined</p>	<p><b>L5</b></p> <p><b>Detector Effectiveness</b></p> <p><input type="checkbox"/> 1 - Alerted Occupants, Occupants Responded  <input type="checkbox"/> 2 - Alerted Occupants, Occupants Failed to Respond  <input type="checkbox"/> 3 - There Were No Occupants  <input type="checkbox"/> 4 - Failed to Alert Occupants  <input type="checkbox"/> U - Undetermined</p>	
<p><b>L2</b></p> <p><b>Detector Type</b></p> <p><input type="checkbox"/> 1 - Smoke  <input type="checkbox"/> 2 - Heat  <input type="checkbox"/> 3 - Combination of Smoke and Heat  <input type="checkbox"/> 4 - Sprinkler, Water Flow Detection  <input type="checkbox"/> 5 - More Than One Type Present  <input type="checkbox"/> 0 - Other  <input type="checkbox"/> U - Undetermined</p>	<p><b>L4</b></p> <p><b>Detector Operation</b></p> <p><input type="checkbox"/> 1 - Fire Too Small To Activate  <input type="checkbox"/> 2 - Operated  <input type="checkbox"/> 3 - Failed To Operate  <input type="checkbox"/> U - Undetermined</p>	<p><b>L6</b></p> <p><b>Detector Failure Reason</b></p> <p><input type="checkbox"/> 1 - Power Failure, Shutoff, or Disconnect  <input type="checkbox"/> 2 - Improper Installation or Placement  <input type="checkbox"/> 3 - Defective  <input type="checkbox"/> 4 - Lack of Maintenance, Dirty  <input type="checkbox"/> 5 - Battery Missing or Disconnected  <input type="checkbox"/> 6 - Battery Discharged or Dead  <input type="checkbox"/> 0 - Other  <input type="checkbox"/> U - Undetermined</p>	
<p><b>M1</b></p> <p><b>Presence of Automatic Extinguishing System</b></p> <p><input checked="" type="checkbox"/> N - None Present  <input type="checkbox"/> 1 - Present  <input type="checkbox"/> 2 - Partial System Present  <input type="checkbox"/> U - Undetermined</p>	<p><b>M3</b></p> <p><b>Operation of Automatic Extinguishing System</b></p> <p><input type="checkbox"/> 1 - Operated/Effective  <input type="checkbox"/> 2 - Operated/Not Effective  <input type="checkbox"/> 3 - Fire Too Small To Activate  <input type="checkbox"/> 4 - Failed To Operate  <input type="checkbox"/> 0 - Other  <input type="checkbox"/> U - Undetermined          Required if fire was within designed range</p>	<p><b>M5</b></p> <p><b>Reason for Automatic Extinguishing System Failure</b></p> <p><input type="checkbox"/> 1 - System Shut Off  <input type="checkbox"/> 2 - Not Enough Agent Discharged  <input type="checkbox"/> 3 - Agent Discharged But Did Not Reach Fire  <input type="checkbox"/> 4 - Wrong Type of System  <input type="checkbox"/> 5 - Fire Not In Area Protected  <input type="checkbox"/> 6 - System Components Damaged  <input type="checkbox"/> 7 - Lack of Maintenance  <input type="checkbox"/> 8 - Manual Intervention  <input type="checkbox"/> 0 - Other  <input type="checkbox"/> U - Undetermined          Required if system failed or not effective</p>	
<p><b>M2</b></p> <p><b>Type of Automatic Extinguishing System</b></p> <p><input type="checkbox"/> 1 - Wet-Pipe Sprinkler  <input type="checkbox"/> 2 - Dry-Pipe Sprinkler  <input type="checkbox"/> 3 - Other Sprinkler System  <input type="checkbox"/> 4 - Dry Chemical System  <input type="checkbox"/> 5 - Foam System  <input type="checkbox"/> 6 - Halogen-Type System  <input type="checkbox"/> 7 - Carbon Dioxide System  <input type="checkbox"/> 0 - Other  <input type="checkbox"/> U - Undetermined          Required if fire was within designed range of AES</p>	<p><b>M4</b></p> <p><b>Number of Sprinkler Heads Operating</b></p> <p><input style="width: 30px;" type="text"/>          Required if system operated</p>		