



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

NFIRS-1 Basic

A							
62210	MN	12	01	2021	Station #8 (08)	SPFD211201052436	0
FDID	State	Month	Day	Year	Station	Number	Exposure

B Location Type																									
					Census tract: 0308.00																				
<div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> Street Address <input type="checkbox"/> Intersection <input type="checkbox"/> In Front Of <input type="checkbox"/> Rear Of <input type="checkbox"/> Adjacent To <input type="checkbox"/> Directions <input type="checkbox"/> US National Grid</div><div style="width: 80%;"><table style="width: 100%; border-collapse: collapse;"><tr><td style="width: 15%; border: 1px solid black; text-align: center;">1213</td><td style="width: 10%; border: 1px solid black; text-align: center;"></td><td style="width: 10%; border: 1px solid black; text-align: center;"></td><td style="width: 40%; border: 1px solid black; text-align: center;">WOODBIDGE</td><td style="width: 15%; border: 1px solid black; text-align: center;">ST-Street</td><td style="width: 10%; border: 1px solid black; text-align: center;"></td></tr><tr><td style="text-align: center;">Number</td><td style="text-align: center;">Prefix</td><td style="text-align: center;">Street or Highway</td><td style="text-align: center;">Street Type</td><td style="text-align: center;">Suffix</td><td></td></tr></table> <table style="width: 100%; border-collapse: collapse;"><tr><td style="width: 30%; border: 1px solid black; text-align: center;"></td><td style="width: 30%; border: 1px solid black; text-align: center;">Saint Paul</td><td style="width: 10%; border: 1px solid black; text-align: center;">MN</td><td style="width: 30%; border: 1px solid black; text-align: center;">55117</td></tr><tr><td style="text-align: center;">Apt./Suite/Room</td><td style="text-align: center;">City</td><td style="text-align: center;">State</td><td style="text-align: center;">Zip Code</td></tr></table> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div><div style="text-align: center;">Cross Street</div></div></div>						1213			WOODBIDGE	ST-Street		Number	Prefix	Street or Highway	Street Type	Suffix			Saint Paul	MN	55117	Apt./Suite/Room	City	State	Zip Code
1213			WOODBIDGE	ST-Street																					
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C Incident Type <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">111-Building fire</div>	E1 Dates and Times <table style="width: 100%; border-collapse: collapse;"><tr><td style="width: 15%;">Alarm</td><td style="width: 5%; border: 1px solid black; text-align: center;">12</td><td style="width: 5%; border: 1px solid black; text-align: center;">01</td><td style="width: 5%; border: 1px solid black; text-align: center;">2021</td><td style="width: 10%; border: 1px solid black; text-align: center;">03:48</td></tr><tr><td>Arrival</td><td style="border: 1px solid black; text-align: center;">12</td><td style="border: 1px solid black; text-align: center;">01</td><td style="border: 1px solid black; text-align: center;">2021</td><td style="border: 1px solid black; text-align: center;">03:51</td></tr><tr><td>Controlled</td><td style="border: 1px solid black; text-align: center;">1</td><td style="border: 1px solid black; text-align: center;">1</td><td style="border: 1px solid black; text-align: center;">1</td><td style="border: 1px solid black; text-align: center;">1</td></tr><tr><td>Last Unit Cleared</td><td style="border: 1px solid black; text-align: center;">12</td><td style="border: 1px solid black; text-align: center;">01</td><td style="border: 1px solid black; text-align: center;">2021</td><td style="border: 1px solid black; text-align: center;">05:13</td></tr></table>	Alarm	12	01	2021	03:48	Arrival	12	01	2021	03:51	Controlled	1	1	1	1	Last Unit Cleared	12	01	2021	05:13	E2 Shifts and Alarms <table style="width: 100%; border-collapse: collapse;"><tr><td style="width: 15%;">Shift or Platoon</td><td style="width: 5%; border: 1px solid black; text-align: center;">B</td><td style="width: 5%; border: 1px solid black; text-align: center;">1</td><td style="width: 10%; border: 1px solid black; text-align: center;">D2</td></tr><tr><td>Alarms</td><td></td><td></td><td></td></tr><tr><td>District</td><td></td><td></td><td></td></tr></table>	Shift or Platoon	B	1	D2	Alarms				District			
Alarm	12	01	2021	03:48																														
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Last Unit Cleared	12	01	2021	05:13																														
Shift or Platoon	B	1	D2																															
Alarms																																		
District																																		
D Aid Given Or Received <div style="display: flex; align-items: flex-start; margin-top: 5px;"><div style="width: 60%;"><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</div><div style="width: 40%; border: 1px solid black; padding: 5px; margin-left: 10px;"><table style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%; border-bottom: 1px solid black; text-align: center;">Their FDID</td><td style="width: 50%; border-bottom: 1px solid black; text-align: center;">Their State</td></tr><tr><td colspan="2" style="border-bottom: 1px solid black; text-align: center;">Their Incident Number</td></tr></table></div></div>	Their FDID	Their State	Their Incident Number		E3 Special Studies <table style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%; border: 1px solid black; text-align: center;">9244</td><td style="width: 50%; border: 1px solid black; text-align: center;">4 - Unknown</td></tr><tr><td style="text-align: center;">ID#</td><td style="text-align: center;">Value</td></tr></table>			9244	4 - Unknown	ID#	Value																							
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F Actions Taken <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">11-Extinguishment by fire service personnel</div> <div style="margin-top: 5px;">Primary Action Taken</div>	G1 Resources <div style="margin-top: 5px;"><input checked="" type="checkbox"/> Apparatus or Personnel Module is used.</div> <table style="width: 100%; border-collapse: collapse;"><thead><tr><th></th><th style="width: 15%; text-align: center;">Apparatus</th><th style="width: 15%; text-align: center;">Personnel</th></tr></thead><tbody><tr><td>Suppression</td><td style="border: 1px solid black; text-align: center;">10</td><td style="border: 1px solid black; text-align: center;">0</td></tr><tr><td>EMS</td><td style="border: 1px solid black; text-align: center;">1</td><td style="border: 1px solid black; text-align: center;">0</td></tr><tr><td>Other</td><td style="border: 1px solid black; text-align: center;">0</td><td style="border: 1px solid black; text-align: center;">0</td></tr></tbody></table> <div style="margin-top: 5px;"><input type="checkbox"/> Resource counts include aid received resources.</div>		Apparatus	Personnel	Suppression	10	0	EMS	1	0	Other	0	0	G2 Estimated Dollar Losses and Values <div style="margin-top: 5px;">Losses: Required for all fires if known. Optional for all non-fires. None</div> <table style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%;">Property: \$</td><td style="width: 20%; border: 1px solid black; text-align: center;">7,500.00</td><td style="width: 20%; text-align: center;"><input type="checkbox"/></td></tr><tr><td>Contents: \$</td><td style="border: 1px solid black; text-align: center;">2,000.00</td><td style="text-align: center;"><input type="checkbox"/></td></tr></table> <div style="margin-top: 5px;">Pre-Incident Values: Optional None</div> <table style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%;">Property: \$</td><td style="width: 20%; border: 1px solid black; text-align: center;">99,000.00</td><td style="width: 20%; text-align: center;"><input type="checkbox"/></td></tr><tr><td>Contents: \$</td><td style="border: 1px solid black; text-align: center;"></td><td style="text-align: center;"><input checked="" type="checkbox"/></td></tr></table>	Property: \$	7,500.00	<input type="checkbox"/>	Contents: \$	2,000.00	<input type="checkbox"/>	Property: \$	99,000.00	<input type="checkbox"/>	Contents: \$		<input checked="" type="checkbox"/>
	Apparatus	Personnel																								
Suppression	10	0																								
EMS	1	0																								
Other	0	0																								
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Completed Modules <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	H1 Casualties <input checked="" type="checkbox"/> None <div style="display: flex; justify-content: space-around;"> <div>Deaths</div> <div>Injuries</div> </div> <div style="display: flex; justify-content: space-around;"> <div>Fire Service <input type="text" value="0"/></div> <div><input type="text" value="0"/></div> </div> <div style="display: flex; justify-content: space-around;"> <div>Civilian <input type="text" value="0"/></div> <div><input type="text" value="0"/></div> </div>	H3 Hazardous Materials Release <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	I Mixed Use Property <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
	H2 Detector 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		

J Property Use <input type="checkbox"/> None Structures <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, Kindergarten <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 checked="" 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
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Outside <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	Property Use: <input type="text"/> Description Look up and enter a Property Use code and description only if you have NOT checked a Property Use box.
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K2				
Owner				
<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"/>			

L Remarks: Engine 22 arrived to find fire showing from a dwelling in the alpha/bravo corner of the building. They pulled a preconnected hose line to put the fire out. Ladder 22 performed a primary search on the first and second floors. Engine 17 was ordered to pull a back up hose line. Engine 8 established a water supply to Engine 17 and Engine 22, they than moved on deck. Ladder 8 was assigned IRIT and secured gas to the building. Ladder 22 found the electrical panel and turned off power to the building. Squad 1 set up ventilation and performed a secondary search on both floors of the building. The fire was deemed out and Squad 2 was called to investigate the fire. District Chief 1 performed the Safety Officer duties and completed a 360-walk around of the building. The resident had a family member to stay with so there was no need for Red Cross. Board up was called to secure the building.

M Authorization				
<input type="text" value="1973"/>	<input type="text" value="Jenkins, Glen"/>	<input type="text" value="DC"/>	<input type="text" value="C2"/>	<input type="text" value="12/01/2021"/>
Officer In Charge ID	Signature	Position or Rank	Assignment	Date
<input type="text" value="1973"/>	<input type="text" value="Jenkins, Glen"/>	<input type="text" value="DC"/>	<input type="text" value="C2"/>	<input type="text" value="12/01/2021"/>
Member Making Report ID	Signature	Position or Rank	Assignment	Date

NFIRS-2 Fire

A							
62210	MN	12	01	2021	Station #8 (08)	SPFD211201052436	0
FDID	State	Month	Day	Year	Station	Number	Exposure

B Property Details B1 <input type="text" value="1"/> <input type="checkbox"/> Not Residential <small>Estimated number of residential living units in the building of origin whether or not all units became involved</small> B2 <input type="text" value="1"/> <input type="checkbox"/> Buildings Not Involved <small>Number of buildings involved</small> B3 <input type="text"/> <input checked="" type="checkbox"/> None <input type="checkbox"/> Less than 1 acre <small>Acres burned (outside fires)</small>	C <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> On-Site Materials Or Products </div> <div style="width: 45%;"> On-Site Materials Storage Use </div> </div>
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D Ignition D1 <input type="text" value="21-Bedroom - < 5 persons; included are jail or prison"/> <small>Area of Fire Origin</small> D2 <input type="text" value="66-Candle"/> <small>Heat Source</small> D3 <input type="text" value="32-Bedding; blanket, sheet, comforter"/> <small>Item First Ignited</small> D4 <input type="text" value="71-Fabric, fiber, cotton, blends, rayon, wool"/> <small>Type of Material First Ignited</small>	E1 Cause of Ignition <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 E2 Factors Contributing to Ignition <input type="text" value="12-Heat source too close to combustibles"/> <small>Factor Contributing to Ignition</small>	E3 Human Factors Contributing to Ignition <small>Check all applicable boxes</small> <input type="checkbox"/> None <input checked="" 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 <input type="checkbox"/> 7 - Age Was A Factor <small>Estimated Age of Person Involved</small> <input type="text"/> <input type="checkbox"/> Male <input type="checkbox"/> Female
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F1 Equipment Involved In Ignition <input checked="" type="checkbox"/> None <input type="text"/> <small>Equipment Involved</small> <small>Brand</small> <input type="text"/> <small>Model</small> <input type="text"/> <small>Serial #</small> <input type="text"/> <small>Year</small> <input type="text"/>	F2 Equipment Power Source <input type="text"/> <small>Equipment Power Source</small> F3 Equipment Portability <input type="checkbox"/> 1 - Portable <input type="checkbox"/> 2 - Stationary <small>Portable equipment normally can be moved by one or two persons.</small>	G Fire Suppression Factors
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H1 Mobile Property Involved <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	H2 Mobile Property Type and Make <input type="text"/> <small>Mobile Property Type</small> <input type="text"/> <small>Mobile Property Make</small>	Local Use <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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/> <small>Mobile Property Model</small>		<input type="text"/> <small>Year</small>
<input type="text"/> <small>State</small>	<input type="text"/> <small>License Plate Number</small>	<input type="text"/> <small>VIN</small>

NFIRS-3 Structure Fire

I1 Structure Type <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	I2 Building Status <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	I3 Building Height <div style="border: 1px solid black; width: 20px; text-align: center; margin: 0 auto;">2</div> Number of Stories At/Above Grade <div style="border: 1px solid black; width: 20px; text-align: center; margin: 0 auto;">0</div> Number of Stories Below Grade	I4 Main Floor Size <div style="border: 1px solid black; width: 50px; text-align: center; margin: 0 auto;">842</div> Total Square Feet OR <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> BY <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> Length (ft) X Width (ft)
J1 Fire Origin <div style="border: 1px solid black; width: 40px; text-align: center; margin: 0 auto;">1</div> <input type="checkbox"/> Below Grade Story of Fire Origin	J3 Number of Stories Damaged By Flame <div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 2px;"></div> Number of Stories w/Minor Damage (1-24%) <div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 2px;"></div> Number of Stories w/Significant Damage (25-49%) <div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 2px;"></div> Number of Stories w/Heavy Damage (50-74%) <div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 2px;"></div> Number of Stories w/Extreme Damage (75-100%) *Count the roof as part of the highest story	K Type of Material Contributing Most to Flame Spread K1 <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> Item Contributing Most to Flame Spread K2 <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> Type of Material Contributing Most To Flame Spread	
L1 Presence of Detectors <input type="checkbox"/> N - None Present <input checked="" type="checkbox"/> 1 - Present <input type="checkbox"/> U - Undetermined	L3 Detector Power Supply <input checked="" 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 & Power Supplies <input type="checkbox"/> 0 - Other <input type="checkbox"/> U - Undetermined	L5 Detector Effectiveness <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	
L2 Detector Type <input checked="" 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	L4 Detector Operation <input type="checkbox"/> 1 - Fire Too Small To Activate <input type="checkbox"/> 2 - Operated <input type="checkbox"/> 3 - Failed To Operate <input checked="" type="checkbox"/> U - Undetermined	L6 Detector Failure Reason <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	
M1 Presence of Automatic Extinguishing System <input checked="" type="checkbox"/> N - None Present <input type="checkbox"/> 1 - Present <input type="checkbox"/> 2 - Partial System Present <input type="checkbox"/> U - Undetermined	M3 Operation of Automatic Extinguishing System <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	M5 Reason for Automatic Extinguishing System Failure <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	
M2 Type of Automatic Extinguishing System <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	M4 Number of Sprinkler Heads Operating <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> Required if system operated		