

<b>A</b>	FDID <b>38213</b> *	State <b>TN</b> *	MM <b>04</b> DD <b>16</b> YYYY <b>2018</b>	Station <b>1</b>	Incident Number <b>18-0005916</b> *	Exposure <b>000</b> *	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity	NFIRS -1 Basic	
<b>B</b>	<b>Location*</b> <input type="checkbox"/> Check this box to indicate that the address for this incident is provided on the Wildland Fire Census Tract Module in Section B "Alternative Location Specification". Use only for Wildland fires.								
	<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								
	Number/Milepost <b>4672</b> Prefix <b>STANTON KOKO</b> Street or Highway Street Type <b>RD</b> Suffix Apt./Suite/Room <b>STANTON</b> City <b>TN</b> State Zip Code <b>38069</b>								
<b>C Incident Type *</b>			<b>E1 Date &amp; Times</b>			<b>E2 Shift &amp; Alarms</b>			
<b>111</b> Building fire Incident Type			Midnight is 0000 Check boxes if dates are the same as Alarm Date. ALARM always required Alarm <b>04</b> <b>16</b> <b>2018</b> <b>03:27:24</b>			Local Option <b>B</b> <b>03</b> <b>4</b> Shift or Alarms District Platoon			
<b>D Aid Given or Received *</b>			<b>E3 Special Studies</b>						
1 <input type="checkbox"/> Mutual aid received 2 <input type="checkbox"/> Automatic aid recv. 3 <input type="checkbox"/> Mutual aid given 4 <input type="checkbox"/> Automatic aid given 5 <input type="checkbox"/> Other aid given N <input checked="" type="checkbox"/> None			ARRIVAL required, unless canceled or did not arrive <input checked="" type="checkbox"/> Arrival <b>04</b> <b>16</b> <b>2018</b> <b>03:45:57</b> CONTROLLED Optional, Except for wildland fires <input type="checkbox"/> Controlled LAST UNIT CLEARED, required except for wildland fires <input checked="" type="checkbox"/> Last Unit Cleared <b>04</b> <b>16</b> <b>2018</b> <b>07:13:35</b>			Local Option Special Study ID# Special Study Value			
<b>F Actions Taken *</b>			<b>G1 Resources *</b>			<b>G2 Estimated Dollar Losses &amp; Values</b>			
<b>11</b> Extinguishment by fire Primary Action Taken (1) Additional Action Taken (2) Additional Action Taken (3)			<input type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used. Apparatus Personnel Suppression <b>0003</b> <b>0005</b> EMS Other <b>0002</b> <b>0002</b> <input type="checkbox"/> Check box if resource counts include aid received resources.			LOSSES: Required for all fires if known. Optional for non fires. None Property \$ <b>275</b> , <b>000</b> Contents \$ <b>010</b> , <b>000</b> PRE-INCIDENT VALUE: Optional Property \$ <b>275</b> , <b>000</b> Contents \$ <b>000</b> , <b>000</b>			
<b>Completed Modules</b>		<b>H1* Casualties</b>		<b>H3 Hazardous Materials Release</b>			<b>I Mixed Use Property</b>		
<input checked="" type="checkbox"/> Fire-2 <input checked="" type="checkbox"/> Structure-3 <input type="checkbox"/> Civil Fire Cas.-4 <input type="checkbox"/> Fire Serv. Cas.-5 <input type="checkbox"/> EMS-6 <input type="checkbox"/> HazMat-7 <input type="checkbox"/> Wildland Fire-8 <input checked="" type="checkbox"/> Apparatus-9 <input checked="" type="checkbox"/> Personnel-10 <input type="checkbox"/> Arson-11		Deaths Injuries Fire Service Civilian <b>H2 Detector</b> Required for Confined Fires. 1 <input type="checkbox"/> Detector alerted occupants 2 <input type="checkbox"/> Detector did not alert them U <input type="checkbox"/> Unknown		N <input type="checkbox"/> None 1 <input type="checkbox"/> Natural Gas: slow leak, no evaluation or HazMat actions 2 <input type="checkbox"/> Propane gas: <21 lb. tank (as in home BBQ grill) 3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container 4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage 5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable 6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only 7 <input type="checkbox"/> Motor oil: from engine or portable container 8 <input type="checkbox"/> Paint: from paint cans totaling < 55 gallons 0 <input type="checkbox"/> Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form			NN <input type="checkbox"/> Not Mixed 10 <input type="checkbox"/> Assembly use 20 <input type="checkbox"/> Education use 33 <input type="checkbox"/> Medical use 40 <input type="checkbox"/> Residential use 51 <input type="checkbox"/> Row of stores 53 <input type="checkbox"/> Enclosed mall 58 <input type="checkbox"/> Bus. & Residential 59 <input type="checkbox"/> Office use 60 <input type="checkbox"/> Industrial use 63 <input type="checkbox"/> Military use 65 <input type="checkbox"/> Farm use 00 <input type="checkbox"/> Other mixed use		
<b>J Property Use* Structures</b>									
131 <input type="checkbox"/> Church, place of worship 161 <input type="checkbox"/> Restaurant or cafeteria 162 <input type="checkbox"/> Bar/Tavern or nightclub 213 <input type="checkbox"/> Elementary school or kindergarten 215 <input type="checkbox"/> High school or junior high 241 <input type="checkbox"/> College, adult education 311 <input type="checkbox"/> Care facility for the aged 331 <input type="checkbox"/> Hospital				341 <input type="checkbox"/> Clinic, clinic type infirmary 342 <input type="checkbox"/> Doctor/dentist office 361 <input type="checkbox"/> Prison or jail, not juvenile 419 <input type="checkbox"/> 1-or 2-family dwelling 429 <input type="checkbox"/> Multi-family dwelling 439 <input type="checkbox"/> Rooming/boarding house 449 <input type="checkbox"/> Commercial hotel or motel 459 <input type="checkbox"/> Residential, board and care 464 <input type="checkbox"/> Dormitory/barracks 519 <input type="checkbox"/> Food and beverage sales			539 <input type="checkbox"/> Household goods, sales, repairs 579 <input type="checkbox"/> Motor vehicle/boat sales/repair 571 <input type="checkbox"/> Gas or service station 599 <input type="checkbox"/> Business office 615 <input type="checkbox"/> Electric generating plant 629 <input type="checkbox"/> Laboratory/science lab 700 <input type="checkbox"/> Manufacturing plant 819 <input type="checkbox"/> Livestock/poultry storage (barn) 882 <input type="checkbox"/> Non-residential parking garage 891 <input type="checkbox"/> Warehouse		
<b>Outside</b>									
124 <input type="checkbox"/> Playground or park 655 <input type="checkbox"/> Crops or orchard 669 <input type="checkbox"/> Forest (timberland) 807 <input type="checkbox"/> Outdoor storage area 919 <input type="checkbox"/> Dump or sanitary landfill 931 <input type="checkbox"/> Open land or field				936 <input type="checkbox"/> Vacant lot 938 <input type="checkbox"/> Graded/care for plot of land 946 <input type="checkbox"/> Lake, river, stream 951 <input type="checkbox"/> Railroad right of way 960 <input type="checkbox"/> Other street 961 <input type="checkbox"/> Highway/divided highway 962 <input type="checkbox"/> Residential street/driveway			981 <input type="checkbox"/> Construction site 984 <input type="checkbox"/> Industrial plant yard Lookup and enter a Property Use code only if you have NOT checked a Property Use box: Property Use <b>400</b> <b>Residential, Other</b>		

**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 the three duplicate address lines.

Mr., Ms., Mrs. First Name: HOPE MI Last Name: ELROD Suffix: \_\_\_\_\_  
 Number: 4672 Prefix: \_\_\_\_\_ Street or Highway: STANTON KOKO Street Type: RD Suffix: \_\_\_\_\_  
 Post Office Box: \_\_\_\_\_ Apt./Suite/Room: \_\_\_\_\_ City: STANTON  
 State: TN Zip Code: 38069 - \_\_\_\_\_

More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary

**K2 Owner**  Same as person involved? Then check this box and skip The rest of this section. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Local Option Business name (if Applicable) Area Code Phone Number

Check this box if same address as incident location. Then skip the 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: \_\_\_\_\_ - \_\_\_\_\_

**L Remarks**  
 Local Option

DISPATCH NOTIFIED THE FIRE DEPARTMENT OF A HOUSE FIRE AT 4672 STANTON KOKO ROAD. CAPTAIN WALDROP SHOWED E-106, T-102 AND T-108 RESPONDING. E-106 ARRIVED ON SCENE TO FIND A TWO STORY HOME WAS FULLY INVOLVED. FIRE WAS THROUGH THE ROOF AND THROUGH OUT THE SECOND STORY. THE ROOF OVER THE WEST SIDE OF THE HOME FROM FRONT TO BACK WAS GONE AND THE FIRST FLOOR WAS HEAVILY INVOLVED. THEIR WAS A STRONG NORTHWEST WIND FANNING THE FIRE. OFF DUTY FIREMAN WERE PAGED OUT FOR MORE MAN POWER.

ATTACK LINES WERE LAID AND THE 3000 GALLON DUMP TANK WAS SETUP. ONCE THE FIRE WAS BROUGHT UNDER CONTROL IT WAS DETERMINED THE ORIGIN OF THE FIRE WAS THE MASTER BEDROOM ON THE NORTHWEST CORNER OF THE STRUCTURE. THE NEIGHBOR WHO DISCOVERED THE FIRE STATED WHEN SHE SAW IT, IT WAS BURNING IN THE BACK ON THE WESTSIDE AND NORTH SIDE. SHE ALSO STATED SHE COULD SEE FIRE THROUGH THE WINDOWS ON BOTH STORIES OF THE SOUTH SIDE (FRONT OF STRUCTURE)

THE HOME OWNER STATED THAT THERE WAS NOTHING IN THAT ROOM AND POWER TO THE HOME WAS LIMITED TO A COUPLE OF 110 VOLT OUTLETS ON THE EASTSIDE OF THE HOME. NO ONE HAD WORKED ON THE HOME SINCE LAST WEEK. THE HOME WAS STILL UNDER CONSTRUCTION, HOWEVER IT WAS IN THE LAST STAGES OF COMPLETION WITH A MOVE IN DATE WITHIN A FEW WEEKS.

INSURANCE IS WITH FARM BUREAU IN LEXINGTON TN. JUSTIN DEERE IS THE AGENT

DIST. 10 AND DIST. 4 VOL. WERE PAGED TO THE FIRE . THERE WAS NO RESPONSE FROM EITHER DIST.

5 ON DUTY FIREMAN AND 6 OFF DUTY FIREMAN WERE ON THE SCENE.

**L Authorization**

012 SMITH, DAVID CP \_\_\_\_\_ 04 16 2018  
 Officer in charge ID Signature Position or rank Assignment Month Day Year

Check Box if same as Officer in charge.  047 BURK, DAVID ALLEN FF \_\_\_\_\_ 04 16 2018  
 Member making report ID Signature Position or rank Assignment Month Day Year

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<b>B Property Details</b>				<b>C On-Site Materials</b> <input type="checkbox"/> None <small>Complete if there were any significant amounts of commercial, industrial, energy or agricultural products or materials on the Property, whether or not they became involved</small>					
<b>B1</b> <input type="checkbox"/> <b>Not Residential</b> Estimated Number of residential living units in building of origin whether or not all units became involved <input type="checkbox"/> <b>0001</b>				Enter up to three codes. Check one or more boxes for each code entered. On-site material (1) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
<b>B2</b> <input type="checkbox"/> <b>Buildings not involved</b> Number of buildings involved <input type="checkbox"/> <b>001</b>				On-site material (2) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
<b>B3</b> <input type="checkbox"/> <b>None</b> Acres burned (outside fires) <input type="checkbox"/> <b>Less than one acre</b>				On-site material (3) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
<b>D Ignition</b>				<b>E1 Cause of Ignition</b>			<b>E3 Human Factors Contributing To Ignition</b>		
<b>D1</b> <input type="checkbox"/> <b>Bedroom - &lt; 5 persons;</b> Area of fire origin * <input type="checkbox"/> <b>21</b>				<input type="checkbox"/> Check box if this is an exposure report. Skip to section G			Check all applicable boxes		
<b>D2</b> <input type="checkbox"/> <b>Undetermined</b> Heat source * <input type="checkbox"/> <b>UU</b>				1 <input type="checkbox"/> Intentional 2 <input type="checkbox"/> Unintentional 3 <input type="checkbox"/> Failure of equipment or heat source 4 <input type="checkbox"/> Act of nature 5 <input type="checkbox"/> Cause under investigation U <input checked="" type="checkbox"/> Cause undetermined after investigation			1 <input type="checkbox"/> Asleep <input checked="" type="checkbox"/> <b>None</b> 2 <input type="checkbox"/> Possibly impaired by alcohol or drugs 3 <input type="checkbox"/> Unattended person 4 <input type="checkbox"/> Possibly mental disabled 5 <input type="checkbox"/> Physically Disabled 6 <input type="checkbox"/> Multiple persons involved		
<b>D3</b> <input type="checkbox"/> <b>Undetermined</b> Item first ignited * <input type="checkbox"/> <b>UU</b> <input type="checkbox"/> Check Box if fire spread was confined to object of origin				<b>E2 Factors Contributing To Ignition</b>			7 <input type="checkbox"/> Age was a factor Estimated age of person involved <input type="checkbox"/>		
<b>D4</b> <input type="checkbox"/> <input type="checkbox"/> Type of material first ignited Required only if item first ignited code is 00 or <70				<input type="checkbox"/> <b>None</b> Factor Contributing To Ignition (1)			1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female		
<b>F1 Equipment Involved In Ignition</b>				<b>F2 Equipment Power</b>		<b>G Fire Suppression Factors</b>			
<input type="checkbox"/> None If Equipment was not involved, Skip to Section G				<input type="checkbox"/> <input type="checkbox"/> Equipment Power Source		Enter up to three codes. <input type="checkbox"/> None			
<input type="checkbox"/> <input type="checkbox"/> Equipment Involved				<b>F3 Equipment Portability</b> 1 <input type="checkbox"/> Portable 2 <input type="checkbox"/> Stationary		<input type="checkbox"/> <input type="checkbox"/> Fire suppression factor (1)			
Brand <input type="checkbox"/> <input type="checkbox"/> Model <input type="checkbox"/> <input type="checkbox"/> Serial # <input type="checkbox"/> <input type="checkbox"/> Year <input type="checkbox"/> <input type="checkbox"/>				Portable equipment normally can be moved by one person, is designed to be use in multiple locations, and requires no tools to install.		<input type="checkbox"/> <input type="checkbox"/> Fire suppression factor (2)			
<input type="checkbox"/> <input type="checkbox"/> Fire suppression factor (3)									
<b>H1 Mobile Property Involved</b>				<b>H2 Mobile Property Type &amp; Make</b>				<b>Local Use</b>	
<input type="checkbox"/> None 1 <input type="checkbox"/> Not involved in ignition, but burned 2 <input type="checkbox"/> Involved in ignition, but did not burn 3 <input type="checkbox"/> Involved in ignition and burned				<input type="checkbox"/> <input type="checkbox"/> Mobile property type				<input type="checkbox"/> Pre-Fire Plan Available Some of the information presented in this report may be based upon reports from other Agencies	
<input type="checkbox"/> <input type="checkbox"/> Mobile property make				<input type="checkbox"/> <input type="checkbox"/> Mobile property model				<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="checkbox"/> <input type="checkbox"/> Mobile property model				<input type="checkbox"/> <input type="checkbox"/> Year					
<input type="checkbox"/> <input type="checkbox"/> License Plate Number				<input type="checkbox"/> <input type="checkbox"/> State				<input type="checkbox"/> <input type="checkbox"/> VIN Number	
								NFIRS-2 Revision 01/19/99	

<b>I1 Structure Type *</b> If Fire was In enclosed building or a portable/mobile structure complete the rest of this form 1 <input checked="" type="checkbox"/> Enclosed Building 2 <input type="checkbox"/> Portable/mobile structure 3 <input type="checkbox"/> Open structure 4 <input type="checkbox"/> Air supported structure 5 <input type="checkbox"/> Tent 6 <input type="checkbox"/> Open platform (e.g. piers) 7 <input type="checkbox"/> Underground structure (work areas) 8 <input type="checkbox"/> Connective structure (e.g. fences) 0 <input type="checkbox"/> Other type of structure	<b>I2 Building Status *</b> 1 <input checked="" type="checkbox"/> Under construction 2 <input type="checkbox"/> Occupied & operating 3 <input type="checkbox"/> Idle, not routinely used 4 <input type="checkbox"/> Under major renovation 5 <input type="checkbox"/> Vacant and secured 6 <input type="checkbox"/> Vacant and unsecured 7 <input type="checkbox"/> Being demolished O <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	<b>I3 Building * Height</b> Count the ROOF as part of the highest story [ 002 ] <small>Total number of stories at or above grade</small>  [     ] <small>Total number of stories below grade</small>	<b>I4 Main Floor Size*</b> [     ], [ 003 ], [ 300 ] <small>Total square feet</small>  <b>OR</b> [     ], [     ] BY [     ], [     ] <small>Length in feet                      Width in feet</small>	<b>NFIRS-3 Structure Fire</b>
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<b>J1 Fire Origin *</b> [ 001 ] <input type="checkbox"/> Below Grade <small>Story of fire origin</small>	<b>J3 Number of Stories Damaged By Flame</b> Count the ROOF as part of the highest story [     ] Number of stories w/ minor damage (1 to 24% flame damage) [     ] Number of stories w/ significant damage (25 to 49% flame damage) [     ] Number of stories w/ heavy damage (50 to 74% flame damage) [ 001 ] Number of stories w/ extreme damage (75 to 100% flame damage)	<b>K Material Contributing Most To Flame Spread</b> <input type="checkbox"/> Check if no flame spread OR same as material first ignited OR unable to determine <span style="float: right;">Skip To Section L</span>  <b>K1</b> [     ] [     ] <small>Item contributing most to flame spread</small>  <b>K2</b> [     ] [     ] <small>Type of material contributing most of flame spread                      Required only if item contributing code is 00 or 00</small>
<b>J2 Fire Spread *</b> 1 <input type="checkbox"/> Confined to object of origin 2 <input type="checkbox"/> Confined to room of origin 3 <input type="checkbox"/> Confined to floor of origin 4 <input checked="" type="checkbox"/> Confined to building of origin 5 <input type="checkbox"/> Beyond building of origin		

<b>L1 Presence of Detectors *</b> <small>(In area of the fire)</small> N <input checked="" type="checkbox"/> None Present <span style="border: 1px solid black; padding: 2px;">Skip to section M</span> 1 <input type="checkbox"/> Present U <input type="checkbox"/> Undetermined	<b>L3 Detector Power Supply</b> 1 <input type="checkbox"/> Battery only 2 <input type="checkbox"/> Hardwire only 3 <input type="checkbox"/> Plug in 4 <input type="checkbox"/> Hardwire with battery 5 <input type="checkbox"/> Plug in with battery 6 <input type="checkbox"/> Mechanical 7 <input type="checkbox"/> Multiple detectors & power supplies 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined	<b>L5 Detector Effectiveness</b> Required if detector operated 1 <input type="checkbox"/> Alerted Occupants, occupants responded 2 <input type="checkbox"/> Occupants failed to respond 3 <input type="checkbox"/> There were no occupants 4 <input type="checkbox"/> Failed to alert occupants U <input type="checkbox"/> Undetermined
<b>L2 Detector Type</b> 1 <input type="checkbox"/> Smoke 2 <input type="checkbox"/> Heat 3 <input type="checkbox"/> Combination smoke - heat 4 <input type="checkbox"/> Sprinkler, water flow detection 5 <input type="checkbox"/> More than 1 type present 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined	<b>L4 Detector Operation</b> 1 <input type="checkbox"/> Fire too small to activate 2 <input type="checkbox"/> Operated (Complete Section L5) 3 <input type="checkbox"/> Failed to Operate (Complete Section L6) U <input type="checkbox"/> Undetermined	<b>L6 Detector Failure Reason</b> Required if detector failed to operate 1 <input type="checkbox"/> Power failure, shutoff or disconnect 2 <input type="checkbox"/> Improper installation or placement 3 <input type="checkbox"/> Defective 4 <input type="checkbox"/> Lack of maintenance, includes cleaning 5 <input type="checkbox"/> Battery missing or disconnected 6 <input type="checkbox"/> Battery discharged or dead 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined

<b>M1 Presence of Automatic Extinguishment System *</b> N <input checked="" type="checkbox"/> None Present <span style="border: 1px solid black; padding: 2px;">Complete rest of Section M</span> 1 <input type="checkbox"/> Present	<b>M3 Automatic Extinguishment System Operation</b> Required if fire was within designed range 1 <input type="checkbox"/> Operated & effective (Go to M4) 2 <input type="checkbox"/> Operated & not effective (M4) 3 <input type="checkbox"/> Fire too small to activate 4 <input type="checkbox"/> Failed to operate (Go to M5) 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	<b>M5 Automatic Extinguishment System Failure Reason</b> Required if system failed 1 <input type="checkbox"/> System shut off 2 <input type="checkbox"/> Not enough agent discharged 3 <input type="checkbox"/> Agent discharged but did not reach fire 4 <input type="checkbox"/> Wrong type of system 5 <input type="checkbox"/> Fire not in area protected 6 <input type="checkbox"/> System components damaged 7 <input type="checkbox"/> Lack of maintenance 8 <input type="checkbox"/> Manual Intervention 0 <input type="checkbox"/> Other _____ U <input type="checkbox"/> Undetermined
<b>M2 Type of Automatic Extinguishment System *</b> Required if fire was within designed range of AES 1 <input type="checkbox"/> Wet pipe sprinkler 2 <input type="checkbox"/> Dry pipe sprinkler 3 <input type="checkbox"/> Other sprinkler system 4 <input type="checkbox"/> Dry chemical system 5 <input type="checkbox"/> Foam system 6 <input type="checkbox"/> Halogen type system 7 <input type="checkbox"/> Carbon dioxide (CO <sub>2</sub> ) system 0 <input type="checkbox"/> Other special hazard system U <input type="checkbox"/> Undetermined	<b>M4 Number of Sprinkler Heads Operating</b> Required if system operated [     ] <small>Number of sprinkler heads operating</small>	NFIRS-3 Revision 01/19/99