

**S A F E N E T**  
**Wildland Fire Safety and Health Network**

**REPORTED BY**

Name (optional) \_\_\_\_\_ Phone \_\_\_\_\_

Agency/Organization \_\_\_\_\_ Date Reported \_\_\_\_\_

**EVENT**

Date and Time \_\_\_\_\_ Jurisdiction/Local Unit \_\_\_\_\_

Incident Name & Number \_\_\_\_\_ State \_\_\_\_\_

Incident Type	Incident Activity	Stage of Incident
<input type="checkbox"/> Wildland <input type="checkbox"/> Prescribed <input type="checkbox"/> Wildland Fire Use <input type="checkbox"/> All Risk <input type="checkbox"/> Training <input type="checkbox"/> Fuel Treatment <input type="checkbox"/> Work Capacity Test	<input type="checkbox"/> Line <input type="checkbox"/> Support <input type="checkbox"/> Transport to/from <input type="checkbox"/> Readiness/Preparedness	<input type="checkbox"/> Initial Attack <input type="checkbox"/> Extended Attack <input type="checkbox"/> Transition <input type="checkbox"/> Mop Up <input type="checkbox"/> Demobe <input type="checkbox"/> Non-Incident <input type="checkbox"/> Other

**Position Title**

**Task**

**Management Level**

**Resources Involved**

**CONTRIBUTING FACTORS**

- Fire Behavior     Environmental     Communications  
 Human Factors     Equipment     Other (Explain Below)

Other:

**NARRATIVE**

Describe in detail what happened including the concern of potential issue, the environment (weather, terrain, fire behavior, etc), and the resulting safety/health issue. If more room is required, write on a separate piece of paper and include it with this form

Appendix T-2

Release Date 4/02