



SAFENET

Wildland Fire Safety & Health Reporting Network



Report unsafe situations in all wildland fire operations.

The purpose of SAFENET is:

- (1) To provide reporting and documentation of unsafe situations or close calls.
- (2) To provide a means of sharing safety information throughout the fire community.
- (3) To provide long-term data that will result in identifying trends.

Submitting a SAFENET is not a substitute for on-the-spot corrections !

When filing a SAFENET:

You are encouraged to submit it to your supervisor for immediate corrective action. You have the option of submitting a SAFENET to any level of the organization (local FMO, Fire Safety Officer, Incident Commander, Agency Administrator) for corrective action.

If you submit SAFENET directly to the national center, you are encouraged to provide a copy to your supervisor.

You have the right to report unsafe conditions anonymously, in accordance with 29 CFR 1960.

FIELDS MARKED WITH "▶" ARE REQUIRED.

REPORTED BY

Name : <i>(Optional)</i>	<input type="text" value="Anonymous"/>	Phone : <i>(Optional)</i>	<input type="text"/>
E-Mail : <i>(Optional)</i>	<input type="text"/>	▶ Date Reported :	<input type="text" value="05/22/2009"/>
▶ Agency/Organization :	<input type="text" value="--Select--"/>		
▶ State Agency :	<input type="text" value="--Select--"/>		
	<i>Required if Agency is "State"</i>		
▶ Other Agency :	<input type="text"/>		
	<i>Required if Agency is "Other"</i>		

EVENT

▶ Event Date :	<input type="text"/>	Local Time :	<input type="text"/>
	<i>(Format mm/dd/yyyy)</i>		<i>(Format 03:00 PM)</i>
▶ Incident Name :	<input type="text"/>	Incident Number :	<input type="text"/>
▶ State :	<input type="text" value="--Select--"/>		
▶ Jurisdiction :	<input type="text" value="--Select--"/>	Local Unit :	<input type="text"/>

▶ Incident Type :	▶ Incident Activity :	▶ Stage of Incident :
<input type="checkbox"/> Wildland	<input type="checkbox"/> Line	<input type="checkbox"/> Initial Attack
<input type="checkbox"/> Prescribed	<input type="checkbox"/> Support	<input type="checkbox"/> Extended Attack

- All Hazard
- Training
- Fuel Treatment
- Work Capacity Test

- Transport to/from
- Readiness/Preparedness

- Transfer of Command
- Mop Up
- Demobe
- Non-Incident
- Other

► **Position Title :**

(Firefighter, division supervisor, facilities unit leader, etc.)

Task :

(Line construction, structure protection, camp activities, etc.)

► **Management Level :** 1 2 3 4 5

(Type 5, 4, 3, 2, 1)

Resources Involved :

(Crew, equipment, overhead, etc.)

CONTRIBUTING FACTORS

► **Contributing Factors :** Fire Behavior Communications Equipment
 Environmental Human Factors Other

► **Human Factors :** Decision Making Leadership Risk Assessment
 Fatigue Performance Situational Awareness

Required if Contributing Factors is "Human Factors"

► **Other Factors :**

Required if Contributing Factors is "Other"

NARRATIVE

Describe in detail what happened including the concern or potential issue, the environment (weather, terrain, fire behavior, etc), and the resulting safety/health issue.

►



ACTIONS TAKEN

Reporting Individual : Please describe actions you took to correct or mitigate the unsafe/unhealthful event.

AGENCY CORRECTIVE ACTIONS

Reserved space for agencies supplemental corrective actions.

(You will be given an opportunity to PRINT this SAFENET once you have submitted the form)