



# 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

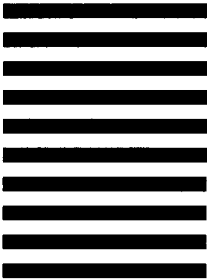
Describe in detail what happened including the concern or potential issue, the environment (weather, terrain, fire behavior, etc), and the resulting safety/health issue. If more room is required, write on a separate piece of paper and include it with this form.



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UNITED STATES

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**SAFENET  
PO BOX 16645  
BOISE ID 83715-9750**



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

**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 have the option of submitting SAFENET at any level of the organization, but are encouraged to submit it to your supervisor for immediate 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.

**File a SAFENET by Phone  
1-888-670-3938**

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**CORRECTIVE ACTION**

Please document how you tried to resolve the problem and list anything that, if changed, would prevent this safety issue in the future.