This procedure provides guidelines for conducting post incident reviews. Fire companies are usually involved with several incidents each shift after which they could participate in a post incident review. Participants will benefit most when a post incident review is conducted at the incident scene. Information will be fresh in everyone's mind and the scene may help to reinforce learning. The Battalion Chief or Company Officer can conduct a review after any incident.

Several areas will be identified for discussion in each review.

- Response times
- RIC response
- Safety
- Firefighting
- Rescue
- Property Conservation
- Loss Control
- Other customer service issues

A new form has been developed to assist the BC in being thorough and consistent in the review. The form should be completed by the Battalion Chief and forwarded to the Tactical Services Section for review, reporting, and training. The reverse side of the Tactical Worksheet and other review check sheets are good tools to use in assisting a review of any incident. Use visual references of the scene whenever possible.

The purpose of the safety component of this review is to emphasize firefighter safety by reinforcing safety behaviors, assess the current level of safety (measure how we're doing), and identify areas where safety improvement can be made.

The focus of the review should be on the overall operation, firefighter safety and survival, and customer service. Reinforce all safety behaviors. In doing so, remember that individual successes should not outweigh the safety of the overall operation or crews.

The Post Incident Review should be concluded on a positive note. Single company reviews which are conducted by Captains after an incident or training exercise can be used to chart a company's improvement. In areas such as safety, the review may assist in focusing on areas a company may need to improve. Included in this procedure are check sheets to be used as tools in evaluating operational safety.
CITY OF PHOENIX, ARIZONA
FIRE DEPARTMENT

FIRE CONTROL EVALUATION

EVALUATION #________ SHIFT_______ INVESTIGATOR______________

BY__________________________ (Circle One) OFFENSIVE--DEFENSIVE--MARGINAL O/D

DATE__________BATTALION________ WORKING FIRE--SMOKE CONDITION--OTHER
(Circle appropriate one(s))

Describe building/occupancy conditions on arrival and action taken _____________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

Describe effectiveness of operation _______________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

Describe special considerations (hazardous materials, rescue, welfare efforts, injuries)_______________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

Describe salvage/overhaul operations______________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

Describe condition of scene for investigator/occupant_________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

ITEMS REQUIRING ATTENTION

Procedures_____ Dispatch/Response_____ Apparatus_____ Training_____
Equipment_____ General Operations_____ Evaluations_____ Command_____ 
Protective Clothing_____

What operations would you Change?______________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

What operations worked well? Why?______________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
City of Phoenix, Arizona
Fire Department
E.M.S. INCIDENT EVALUATION FORM

Officer reporting________________ Battalion/Shift_____________Date________________________

Card/Time_______________@____________Address______________________________________

Treatment Level: E.M.T. ☐ Paramedic ☐ Other ☐ Units Responding________________________

Description of incident (include number and priority of victims)________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Describe extrication procedures performed________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Describe treatment___________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Describe transportation_______________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Describe how triage was performed____________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Describe anything that differed from Operational Manual; anything that created problems or caused the incident to work extremely well.
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________