From: Darian Sugarman
To: Denise Dominguez
Subject: RE: OPRA request - 190 Bloomfield Avenue & 35 Washington Street OPRA Request
Date: Tuesday, June 28, 2022 11:42:06 AM

[EXTERNAL EMAIL]: Do not click any links or open any attachments unless you trust the sender and know the content is safe!

EnviroSure is conducting a Phase I ESA at 190 Bloomfield Avenue (Block 3102 Lot 25) and 35 Washington Street (Block 3102 Lot 10) so we are requesting a search of all files pertaining to the property. Especially files containing information on underground storage tanks, environmental concerns, building permits, and ownership records.

Permits, tanks, fire inspection related, environmental files, and violations.

Open and closed permits for construction, demolish, renovations. All Dates prior to 2005.
Environmental files related to spills, tanks, releases, fires from BOH, fire and code departments.

Yours sincerely,

Darian Sugarman

REVIEWED
By ddominguez at 8:53 am, Jun 29, 2022

-----Original Message-----

Good morning,

Your OPRA request requires clarification, all files pertaining to the property is too broad. You must be more specific with the records you seek. Please provide a date range and departments to the specific records you seek. Thank you.

Denise Dominguez
Administrative Assistant
Township of Montclair- Clerk's Office

Please use this UNIQUE email address for all replies to this request and no other:
opra+request-33267-b01cb5d7@requests.opramachine.com

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
https://opramachine.com/help/officers

View this OPRA request & responses online:
https://opramachine.com/request/190_bloomfield_avenue_35_washing

Please note that in some cases publication of requests and responses will be delayed.

If you find this service useful as an OPRA custodian, please ask your web manager to link to us from your organisation's website.

NFIRS-1

Basic

A MONTCLAIR FIRE DEPARTMENT (Fire Department) | 01/26/2022 (Date) | 12:08:00 (Time) | 2022-007710 (Incident Number) | 00 (Exposure)

B Street address

190 Bloomfield Ave
Montclair Twp, NJ 07042
Cross Street: Bloomfield Ave / Hartley St

Census Tract

C Incident Type: 451

Biological hazard, confirmed or suspected

D Mutual Aid: None

Their FDID | State | Incident

Responding Departments (Press Other)

E 1 Dates and Times

Alarm Time 01/26/2022 12:08:00
Time Out 01/26/2022 12:08:00
Arrival 01/26/2022 12:11:00
Controlled
Cleared 01/26/2022 12:27:00

E 2 Shift and Alarms

Shift	Alarm	District	Alarm Box
3	1	1	

E 3 Special Studies

F Actions Taken: 86 , 47

1. Investigate
2. Decontaminate occupancy or area

G 1 Resources

	Apparatus	Personnel
Suppression	1	3
EMS	0	0
Other	0	0
Personnel Not on Apparatus		0
Total Personnel		3

G 2 Estimated Dollar Losses

Losses
Property Unknown
Contents Unknown
Pre Incident Value
Property Unknown
Contents Unknown

H 1 Casualties

	Deaths	Injuries
Fire Service	0	0
Civilian	0	0

H 3 Hazardous Materials Release

J Property Use

Specialty shop

H 2 Detector

I Mixed Property Use

K 1 Person Entity Involved

Mexicana Travel III
190 Bloomfield Ave
Montclair Twp, NJ 07042

K 2 Owner

Mexicana Travel III
190 Bloomfield Ave
Montclair Twp, NJ 07042
- -- -

L Remarks

Dispatched for a wash down. Investigation found several areas with drops of blood on the sidewalk. Engine 1 utilized the bleach pump sprayer and water extinguisher to decontaminate the areas. Due to the cold temperature rock salt was spread over the sidewalk to prevent a slipping hazard.

M

KEITH FERENZ (Officer in Charge)	FIREFIGHTER (Rank)	(Assignment)	01/26/2022 (Date)
KEITH FERENZ (Member Making Report)	FIREFIGHTER (Rank)	(Assignment)	01/26/2022 (Date)

SS Special Studies

ID	Title	Entry Description
9244	COVID 19 Discovery	

NFIRS-1

Basic

A MONTCLAIR FIRE DEPARTMENT (Fire Department) | 01/05/2022 (Date) | 14:50:00 (Time) | 2022-001356 (Incident Number) | 00 (Exposure)

B Street address

190 Bloomfield Ave Apt or Room 3
Montclair Twp, NJ 07042
Cross Street: Bloomfield Ave / Hartley St

Census Tract

C Incident Type: 746

Carbon monoxide detector activation, no CO

D Mutual Aid: None

Their FDID | State | Incident

Responding Departments (Press Other)

E 1 Dates and Times

Alarm Time 01/05/2022 14:50:00
Time Out 01/05/2022 14:52:00
Arrival 01/05/2022 14:56:00
Controlled
Cleared 01/05/2022 15:03:00

E 2 Shift and Alarms

Shift	Alarm	District	Alarm Box
2	1	1	

E 3 Special Studies

F Actions Taken: 86

1. Investigate

G 1 Resources

	Apparatus	Personnel
Suppression	1	3
EMS	0	0
Other	0	0
Personnel Not on Apparatus		0
Total Personnel		3

G 2 Estimated Dollar Losses

Losses
Property Unknown
Contents Unknown
Pre Incident Value
Property Unknown
Contents Unknown

H 1 Casualties

	Deaths	Injuries
Fire Service	0	0
Civilian	0	0

H 3 Hazardous Materials Release

J Property Use

Multifamily dwelling

H 2 Detector

I Mixed Property Use

K 1 Person Entity Involved

Hernandez
190 Bloomfield Ave
Montclair Twp, NJ 07042

K 2 Owner

Ho
190 Bloomfield Ave
Montclair Twp, NJ 07042
- -- -

L Remarks

Resident in Apt 3 reported CO detector in apt. making sound. Unit checked with 4-gas & Sensit meters, readings negative throughout. Detector was reset prior to arrival of FD by resident. No activation occurred while FD on scene conducting investigation. Sound described by tenant was not indicative of an actual detector activation and other detectors in the vicinity did not go into alarm and make similar sound. Likely a detector malfunction. Resident advised to replace batteries and/or detector.

M

CHRISTOPHER MELETTA (Officer in Charge)	**LIEUTENANT** (Rank)	(Assignment)	**01/05/2022** (Date)
CHRISTOPHER MELETTA (Member Making Report)	**LIEUTENANT** (Rank)	(Assignment)	**01/05/2022** (Date)

SS Special Studies

ID	Title	Entry Description
9244	COVID 19 Discovery	

NFIRS -1 Basic

A

FDID *	State *	MM	DD	YYYY	Station	Incident Number *	Exposure *
07130	NJ	08	30	2002	HQ	02-0038089	000

☐ Delete ☐ Change ☐ No Activity

B Location*

☐ Check this box to Indicate that the address for this incident is provided on the Wildland Fire Module In Section B "Alternative Location Specification". Use only for Wildland fires.

Census Tract 0651 - 71

☒ Street address ☐ Intersection ☐ In front of ☐ Rear of ☐ Adjacent to ☐ Directions

Number/Milepost	Prefix	Street or Highway	Street Type	Suffix
190		BLOOMFIELD AVE		

Apt./Suite/Room	City	State	Zip Code
	MONTCLAIR	NJ	07042 -

Cross street or directions, as applicable

C Incident Type *

520 Water problem, Other

Incident Type

D Aid Given or Received*

1 ☐ Mutual aid received
2 ☐ Automatic aid recv.
3 ☐ Mutual aid given
4 ☐ Automatic aid given
5 ☐ Other aid given
N ☒ None

Their FDID | Their State | Their Incident Number

E1 Date & Times

Midnight is 0000

Check boxes if dates are the same as Alarm Date.

	Month	Day	Year	Hr Min Sec
ALARM always required				
Alarm *	08	30	2002	19:35:00
ARRIVAL required, unless canceled or did not arrive				
☒ Arrival *	08	30	2002	19:35:00
CONTROLLED Optional, Except for wildland fires				
☐ Controlled				
LAST UNIT CLEARED, required except for wildland fires				
☒ Last Unit Cleared	08	30	2002	20:56:00

E2 Shift & Alarms

Local Option

Shift or Platoon	Alarms	District
2	01	

E3 Special Studies

Local Option

Special Study ID# | Special Study Value

F Actions Taken *

80 Information,

Primary Action Taken (1)

Additional Action Taken (2)

Additional Action Taken (3)

G1 Resources *

☒ Check this box and skip this section if an Apparatus or Personnel form is used.

	Apparatus	Personnel
Suppression		
EMS		
Other	0001	0003

☐ Check box if resource counts include aid received resources.

G2 Estimated Dollar Losses & Values

LOSSES: Required for all fires if known. Optional for non fires.

		None
Property $	000,000	☐
Contents $	000,000	☐

PRE-INCIDENT VALUE: Optional

Property $	000,000	☐
Contents $	000,000	☐

Completed Modules

☐ Fire-2
☐ Structure-3
☐ Civil Fire Cas.-4
☐ Fire Serv. Cas.-5
☐ EMS-6
☐ HazMat-7
☐ Wildland Fire-8
☒ Apparatus-9
☒ Personnel-10
☐ Arson-11

H1 Casualties* ☐ None

	Deaths	Injuries
Fire Service		
Civilian		

H2 Detector

Required for Confined Fires.

1 ☐ Detector alerted occupants
2 ☐ Detector did not alert them
U ☐ Unknown

H3 Hazardous Materials Release

N ☐ None
1 ☐ Natural Gas: slow leak, no evacuation or HazMat actions
2 ☐ Propane gas: <21 lb. tank (as in home BBQ grill)
3 ☐ Gasoline: vehicle fuel tank or portable container
4 ☐ Kerosene: fuel burning equipment or portable storage
5 ☐ Diesel fuel/fuel oil: vehicle fuel tank or portable
6 ☐ Household solvents: home/office spill, cleanup only
7 ☐ Motor oil: from engine or portable container
8 ☐ Paint: from paint cans totaling < 55 gallons
0 ☐ Other: Special HazMat actions required or spill > 55gal.. Please complete the HazMat form

I Mixed Use Property

NN ☐ Not Mixed
10 ☐ Assembly use
20 ☐ Education use
33 ☐ Medical use
40 ☐ Residential use
51 ☐ Row of stores
53 ☐ Enclosed mall
58 ☐ Bus. & Residential
59 ☐ Office use
60 ☐ Industrial use
63 ☐ Military use
65 ☐ Farm use
00 ☐ Other mixed use

J Property Use* Structures

131 ☐ Church, place of worship
161 ☐ Restaurant or cafeteria
162 ☐ Bar/Tavern or nightclub
213 ☐ Elementary school or kindergarten
215 ☐ High school or junior high
241 ☐ College, adult education
311 ☐ Care facility for the aged
331 ☐ Hospital
341 ☐ Clinic,clinic type infirmary
342 ☐ Doctor/dentist office
361 ☐ Prison or jail, not juvenile
419 ☐ 1-or 2-family dwelling
429 ☐ Multi-family dwelling
439 ☐ Rooming/boarding house
449 ☐ Commercial hotel or motel
459 ☐ Residential, board and care
464 ☐ Dormitory/barracks
519 ☐ Food and beverage sales
539 ☐ Household goods,sales,repairs
579 ☐ Motor vehicle/boat sales/repair
571 ☐ Gas or service station
599 ☐ Business office
615 ☐ Electric generating plant
629 ☐ Laboratory/science lab
700 ☐ Manufacturing plant
819 ☐ Livestock/poultry storage(barn)
882 ☐ Non-residential parking garage
891 ☐ Warehouse

Outside

124 ☐ Playground or park
655 ☐ Crops or orchard
669 ☐ Forest (timberland)
807 ☐ Outdoor storage area
919 ☐ Dump or sanitary landfill
931 ☐ Open land or field
936 ☐ Vacant lot
938 ☐ Graded/care for plot of land
946 ☐ Lake, river, stream
951 ☐ Railroad right of way
960 ☐ Other street
961 ☐ Highway/divided highway
962 ☐ Residential street/driveway
981 ☐ Construction site
984 ☐ Industrial plant yard

Lookup and enter a Property Use code only if you have NOT checked a Property Use box:

Property Use 400

Residential, Other

NFIRS-1 Revision 03/11/99

FDID *	State *	MM Incident Date *	DD Incident Date *	YYYY Incident Date *	Station	Incident Number *	Exposure *	Complete Narrative
07130	NJ	8	30	2002	HQ	02-0038089	000	

Narrative:

SEWAGE BACKUP ON FIRST FLOOR

NONE

A

FDID *	State *	Incident Date * (MM / DD / YYYY)	Station	Incident Number *	Exposure *	Delete / Change	NFIRS - 9 Apparatus or Resources
07130	NJ	8 / 30 / 2002	HQ	02-0038089	000	☐ Delete ☐ Change	

B Apparatus or * Resource	Date and Times (Check if same as alarm date)	Month	Day	Year	Hour	Min	Sent [X]	Number of * People	Use (Check ONE box for each apparatus to indicate its main use at the incident.)	Actions Taken
1 ID T1 Type 13	Dispatch	[X] 8	30	2002	19:35		[X]	0	☐ Suppression ☐ EMS [X] Other	
	Arrival	[X] 8	30	2002	19:35					
	Clear	[X] 8	30	2002	20:56					
2 ID Type	Dispatch	☐					☐		☐ Suppression ☐ EMS ☐ Other	
	Arrival	☐								
	Clear	☐								
3 ID Type	Dispatch	☐					☐		☐ Suppression ☐ EMS ☐ Other	
	Arrival	☐								
	Clear	☐								
4 ID Type	Dispatch	☐					☐		☐ Suppression ☐ EMS ☐ Other	
	Arrival	☐								
	Clear	☐								
5 ID Type	Dispatch	☐					☐		☐ Suppression ☐ EMS ☐ Other	
	Arrival	☐								
	Clear	☐								
6 ID Type	Dispatch	☐					☐		☐ Suppression ☐ EMS ☐ Other	
	Arrival	☐								
	Clear	☐								
7 ID Type	Dispatch	☐					☐		☐ Suppression ☐ EMS ☐ Other	
	Arrival	☐								
	Clear	☐								
8 ID Type	Dispatch	☐					☐		☐ Suppression ☐ EMS ☐ Other	
	Arrival	☐								
	Clear	☐								
9 ID Type	Dispatch	☐					☐		☐ Suppression ☐ EMS ☐ Other	
	Arrival	☐								
	Clear	☐								

Type of Apparatus or Resources

Ground Fire Suppression
- 11 Engine
- 12 Truck or aerial
- 13 Quint
- 14 Tanker & pumper combination
- 16 Brush truck
- 17 ARF (Aircraft Rescue and Firefighting)
- 10 Ground fire suppression, other

Heavy Ground Equipment
- 21 Dozer or plow
- 22 Tractor
- 24 Tanker or tender
- 20 Heavy equipment, other

Aircraft
- 41 Aircraft: fixed wing tanker
- 42 Helitanker
- 43 Helicopter
- 40 Aircraft, other

Marine Equipment
- 51 Fire boat with pump
- 52 Boat, no pump
- 50 Marine apparatus, other

Support Equipment
- 61 Breathing apparatus support
- 62 Light and air unit
- 60 Support apparatus, other

Medical & Rescue
- 71 Rescue unit
- 72 Urban Search & rescue unit
- 73 High angle rescue unit
- 75 BLS unit
- 76 ALS unit
- 70 Medical and rescue unit,other

More Apparatus? Use Additional Sheets

Other
- 91 Mobile command post
- 92 Chief officer car
- 93 HazMat unit
- 94 Type 1 hand crew
- 95 Type 2 hand crew
- 99 Privately owned vehicle
- 00 Other apparatus/resource

- NN None
- UU Undetermined

NFIRS-9 Revision 11/17/98

A

FDID *	State *	Incident Date * (MM DD YYYY)	Station	Incident Number *	Exposure *
07130	NJ	03 02 2004	ST1	04-0000551	000

☐ Delete ☐ Change ☐ No Activity

NFIRS -1 Basic

B Location *

☐ Check this box to Indicate that the address for this incident is provided on the Wildland Fire Module In Section B "Alternative Location Specification". Use only for Wildland fires.

Census Tract 0651 - 71

☒ Street address
☐ Intersection
☐ In front of
☐ Rear of
☐ Adjacent to
☐ Directions

Number/Milepost	Prefix	Street or Highway	Street Type	Suffix
190		BLOOMFIELD AVE		

Apt./Suite/Room	City	State	Zip Code
2nd fl	MONTCLAIR	NJ	07042 -

Cross street or directions, as applicable

C Incident Type *

400 Hazardous condition, Other

Incident Type

D Aid Given or Received *

1 ☐ Mutual aid received
2 ☐ Automatic aid recv.
3 ☐ Mutual aid given
4 ☐ Automatic aid given
5 ☐ Other aid given
N ☒ None

Their FDID | Their State

Their Incident Number

E1 Date & Times

Midnight is 0000

Check boxes if dates are the same as Alarm Date.

	Month	Day	Year	Hr Min Sec
Alarm * (ALARM always required)	03	02	2004	18:45:00
☒ Arrival * (ARRIVAL required, unless canceled or did not arrive)	03	02	2004	18:46:00
☐ Controlled (CONTROLLED Optional, Except for wildland fires)				
☒ Last Unit Cleared (LAST UNIT CLEARED, required except for wildland fires)	03	02	2004	19:01:00

E2 Shift & Alarms

Local Option

Shift or Platoon	Alarms	District
4	01	1

E3 Special Studies

Local Option

Special Study ID# | Special Study Value

F Actions Taken *

40 Hazardous condition,

Primary Action Taken (1)

Additional Action Taken (2)

Additional Action Taken (3)

G1 Resources *

☒ Check this box and skip this section if an Apparatus or Personnel form is used.

	Apparatus	Personnel
Suppression		
EMS		
Other	0004	0011

☐ Check box if resource counts include aid received resources.

G2 Estimated Dollar Losses & Values

LOSSES: Required for all fires if known. Optional for non fires.

		None
Property $, 000 , 000		☐
Contents $, 000 , 000		☐

PRE-INCIDENT VALUE: Optional

Property $, 000 , 000	☐
Contents $, 000 , 000	☐

Completed Modules

☐ Fire-2
☐ Structure-3
☐ Civil Fire Cas.-4
☐ Fire Serv. Cas.-5
☐ EMS-6
☐ HazMat-7
☐ Wildland Fire-8
☒ Apparatus-9
☒ Personnel-10
☐ Arson-11

H1 * Casualties ☐ None

	Deaths	Injuries
Fire Service		
Civilian		

H2 Detector

Required for Confined Fires.

1 ☐ Detector alerted occupants
2 ☐ Detector did not alert them
U ☐ Unknown

H3 Hazardous Materials Release

N ☐ None
1 ☐ Natural Gas: slow leak, no evauation or HazMat actions
2 ☐ Propane gas: <21 lb. tank (as in home BBQ grill)
3 ☐ Gasoline: vehicle fuel tank or portable container
4 ☐ Kerosene: fuel burning equipment or portable storage
5 ☐ Diesel fuel/fuel oil: vehicle fuel tank or portable
6 ☐ Household solvents: home/office spill, cleanup only
7 ☐ Motor oil: from engine or portable container
8 ☐ Paint: from paint cans totaling < 55 gallons
0 ☐ Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form

I Mixed Use Property

NN ☐ Not Mixed
10 ☐ Assembly use
20 ☐ Education use
33 ☐ Medical use
40 ☐ Residential use
51 ☐ Row of stores
53 ☐ Enclosed mall
58 ☐ Bus. & Residential
59 ☐ Office use
60 ☐ Industrial use
63 ☐ Military use
65 ☐ Farm use
00 ☐ Other mixed use

J Property Use * Structures

131 ☐ Church, place of worship
161 ☐ Restaurant or cafeteria
162 ☐ Bar/Tavern or nightclub
213 ☐ Elementary school or kindergarten
215 ☐ High school or junior high
241 ☐ College, adult education
311 ☐ Care facility for the aged
331 ☐ Hospital
341 ☐ Clinic,clinic type infirmary
342 ☐ Doctor/dentist office
361 ☐ Prison or jail, not juvenile
419 ☐ 1-or 2-family dwelling
429 ☐ Multi-family dwelling
439 ☐ Rooming/boarding house
449 ☐ Commercial hotel or motel
459 ☐ Residential, board and care
464 ☐ Dormitory/barracks
519 ☐ Food and beverage sales
539 ☐ Household goods,sales,repairs
579 ☐ Motor vehicle/boat sales/repair
571 ☐ Gas or service station
599 ☐ Business office
615 ☐ Electric generating plant
629 ☐ Laboratory/science lab
700 ☐ Manufacturing plant
819 ☐ Livestock/poultry storage(barn)
882 ☐ Non-residential parking garage
891 ☐ Warehouse

Outside

124 ☐ Playground or park
655 ☐ Crops or orchard
669 ☐ Forest (timberland)
807 ☐ Outdoor storage area
919 ☐ Dump or sanitary landfill
931 ☐ Open land or field
936 ☐ Vacant lot
938 ☐ Graded/care for plot of land
946 ☐ Lake, river, stream
951 ☐ Railroad right of way
960 ☐ Other street
961 ☐ Highway/divided highway
962 ☐ Residential street/driveway
981 ☐ Construction site
984 ☐ Industrial plant yard

Lookup and enter a Property Use code only if you have NOT checked a Property Use box:

Property Use UUU

Undetermined

NFIRS-1 Revision 03/11/99

FDID *	State *	MM Incident Date *	DD	YYYY	Station	Incident Number *	Exposure *	Complete Narrative
07130	NJ	3	2	2004	ST1	04-0000551	000	

Narrative:

cause- unattended cooking, removed pryor to our arrival.
damage- slight smoke throughout apt.
type- 3-story ordinary occupied, unattached. fire escape on a side . mixed use.
co used- ppv fan.

A

FDID *	State *	Incident Date * (MM / DD / YYYY)	Station	Incident Number *	Exposure *	Delete / Change	NFIRS - 9 Apparatus or Resources
07130	NJ	3 / 2 / 2004	ST1	04-0000551	000	☐ Delete ☐ Change	

B

	Apparatus or * Resource	Date and Times (Check if same as alarm date)	Month	Day	Year	Hour	Min	Sent [X]	Number of * People	Use (Check ONE box for each apparatus to indicate its main use at the incident.)	Actions Taken
1	ID: E3 Type: 91	Dispatch [X] Arrival [X] Clear [X]	3 3 3	2 2 2	2004 2004 2004	18:45 18:46 19:01		[X]	0	☐ Suppression ☐ EMS [X] Other	
2	ID: E3 Type: 11	Dispatch [X] Arrival [X] Clear [X]	3 3 3	2 2 2	2004 2004 2004	18:45 18:46 19:01		[X]	0	☐ Suppression ☐ EMS [X] Other	
3	ID: T1 Type: 13	Dispatch [X] Arrival [X] Clear [X]	3 3 3	2 2 2	2004 2004 2004	18:45 18:46 19:01		[X]	0	☐ Suppression ☐ EMS [X] Other	
4	ID: T1 Type: 11	Dispatch [X] Arrival [X] Clear [X]	3 3 3	2 2 2	2004 2004 2004	18:45 18:46 19:01		[X]	0	☐ Suppression ☐ EMS [X] Other	
5	ID: Type:	Dispatch ☐ Arrival ☐ Clear ☐						☐		☐ Suppression ☐ EMS ☐ Other	
6	ID: Type:	Dispatch ☐ Arrival ☐ Clear ☐						☐		☐ Suppression ☐ EMS ☐ Other	
7	ID: Type:	Dispatch ☐ Arrival ☐ Clear ☐						☐		☐ Suppression ☐ EMS ☐ Other	
8	ID: Type:	Dispatch ☐ Arrival ☐ Clear ☐						☐		☐ Suppression ☐ EMS ☐ Other	
9	ID: Type:	Dispatch ☐ Arrival ☐ Clear ☐						☐		☐ Suppression ☐ EMS ☐ Other	

Type of Apparatus or Resources

Ground Fire Suppression
- 11 Engine
- 12 Truck or aerial
- 13 Quint
- 14 Tanker & pumper combination
- 16 Brush truck
- 17 ARF (Aircraft Rescue and Firefighting)
- 10 Ground fire suppression, other

Heavy Ground Equipment
- 21 Dozer or plow
- 22 Tractor
- 24 Tanker or tender
- 20 Heavy equipment, other

Aircraft
- 41 Aircraft: fixed wing tanker
- 42 Helitanker
- 43 Helicopter
- 40 Aircraft, other

Marine Equipment
- 51 Fire boat with pump
- 52 Boat, no pump
- 50 Marine apparatus, other

Support Equipment
- 61 Breathing apparatus support
- 62 Light and air unit
- 60 Support apparatus, other

Medical & Rescue
- 71 Rescue unit
- 72 Urban Search & rescue unit
- 73 High angle rescue unit
- 75 BLS unit
- 76 ALS unit
- 70 Medical and rescue unit,other

More Apparatus? Use Additional Sheets

Other
- 91 Mobile command post
- 92 Chief officer car
- 93 HazMat unit
- 94 Type 1 hand crew
- 95 Type 2 hand crew
- 99 Privately owned vehicle
- 00 Other apparatus/resource

- NN None
- UU Undetermined

NFIRS-9 Revision 11/17/98

A | FDID * 07130 | State * NJ | Incident Date * MM 05 DD 17 YYYY 2004 | Station ST3 | Incident Number * 04-0001083 | Exposure * 000 | ☐ Delete ☐ Change ☐ No Activity | NFIRS -1 Basic

B Location*

☐ Check this box to Indicate that the address for this incident is provided on the Wildland Fire Module In Section B "Alternative Location Specification". Use only for Wildland fires.

Census Tract ____ - ____

☒ Street address
☐ Intersection
☐ In front of
☐ Rear of
☐ Adjacent to
☐ Directions

Number/Milepost: 190 | Prefix: | Street or Highway: BLOOMFIELD AVE | Street Type: | Suffix:

Apt./Suite/Room: 6 | City: MONTCLAIR | State: NJ | Zip Code: 07042 - ____

Cross street or directions, as applicable:

C Incident Type *

551 | Assist police or other

Incident Type

D Aid Given or Received*

1 ☐ Mutual aid received
2 ☐ Automatic aid recv.
3 ☐ Mutual aid given
4 ☐ Automatic aid given
5 ☐ Other aid given
N ☒ None

Their FDID | Their State

Their Incident Number

E1 Date & Times Midnight is 0000

Check boxes if dates are the same as Alarm Date.

	Month	Day	Year	Hr Min Sec
Alarm * (ALARM always required)	05	17	2004	10:35:00
☒ Arrival * (ARRIVAL required, unless canceled or did not arrive)	05	17	2004	10:35:00
☐ Controlled (CONTROLLED Optional, Except for wildland fires)				
☒ Last Unit Cleared (LAST UNIT CLEARED, required except for wildland fires)	05	17	2004	11:18:00

E2 Shift & Alarms Local Option

Shift or Platoon: 4 | Alarms: | District: 1

E3 Special Studies Local Option

Special Study ID# | Special Study Value

F Actions Taken*

52 | Forcible entry — Primary Action Taken (1)

Additional Action Taken (2)

Additional Action Taken (3)

G1 Resources*

☒ Check this box and skip this section if an Apparatus or Personnel form is used.

	Apparatus	Personnel
Suppression		
EMS		
Other	0003	0007

☐ Check box if resource counts include aid received resources.

G2 Estimated Dollar Losses & Values

LOSSES: Required for all fires if known. Optional for non fires.

		None
Property $ ____ , 000 , 000		☐
Contents $ ____ , 000 , 000		☐

PRE-INCIDENT VALUE: Optional

Property $ ____ , 000 , 000	☐
Contents $ ____ , 000 , 000	☐

Completed Modules

☐ Fire-2
☐ Structure-3
☐ Civil Fire Cas.-4
☐ Fire Serv. Cas.-5
☐ EMS-6
☐ HazMat-7
☐ Wildland Fire-8
☒ Apparatus-9
☒ Personnel-10
☐ Arson-11

H1* Casualties ☐ None

	Deaths	Injuries
Fire Service		
Civilian		

H2 Detector

Required for Confined Fires.

1 ☐ Detector alerted occupants
2 ☐ Detector did not alert them
U ☐ Unknown

H3 Hazardous Materials Release

N ☐ None
1 ☐ Natural Gas: slow leak, no evaustion or HazMat actions
2 ☐ Propane gas: <21 lb. tank (as in home BBQ grill)
3 ☐ Gasoline: vehicle fuel tank or portable container
4 ☐ Kerosene: fuel burning equipment or portable storage
5 ☐ Diesel fuel/fuel oil: vehicle fuel tank or portable
6 ☐ Household solvents: home/office spill, cleanup only
7 ☐ Motor oil: from engine or portable container
8 ☐ Paint: from paint cans totaling < 55 gallons
0 ☐ Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form

I Mixed Use Property

NN ☐ Not Mixed
10 ☐ Assembly use
20 ☐ Education use
33 ☐ Medical use
40 ☐ Residential use
51 ☐ Row of stores
53 ☐ Enclosed mall
58 ☐ Bus. & Residential
59 ☐ Office use
60 ☐ Industrial use
63 ☐ Military use
65 ☐ Farm use
00 ☐ Other mixed use

J Property Use* Structures

131 ☐ Church, place of worship
161 ☐ Restaurant or cafeteria
162 ☐ Bar/Tavern or nightclub
213 ☐ Elementary school or kindergarten
215 ☐ High school or junior high
241 ☐ College, adult education
311 ☐ Care facility for the aged
331 ☐ Hospital
341 ☐ Clinic,clinic type infirmary
342 ☐ Doctor/dentist office
361 ☐ Prison or jail, not juvenile
419 ☐ 1-or 2-family dwelling
429 ☒ Multi-family dwelling
439 ☐ Rooming/boarding house
449 ☐ Commercial hotel or motel
459 ☐ Residential, board and care
464 ☐ Dormitory/barracks
519 ☐ Food and beverage sales
539 ☐ Household goods,sales,repairs
579 ☐ Motor vehicle/boat sales/repair
571 ☐ Gas or service station
599 ☐ Business office
615 ☐ Electric generating plant
629 ☐ Laboratory/science lab
700 ☐ Manufacturing plant
819 ☐ Livestock/poultry storage(barn)
882 ☐ Non-residential parking garage
891 ☐ Warehouse

Outside

124 ☐ Playground or park
655 ☐ Crops or orchard
669 ☐ Forest (timberland)
807 ☐ Outdoor storage area
919 ☐ Dump or sanitary landfill
931 ☐ Open land or field
936 ☐ Vacant lot
938 ☐ Graded/care for plot of land
946 ☐ Lake, river, stream
951 ☐ Railroad right of way
960 ☐ Other street
961 ☐ Highway/divided highway
962 ☐ Residential street/driveway
981 ☐ Construction site
984 ☐ Industrial plant yard

Lookup and enter a Property Use code only if you have NOT checked a Property Use box:

Property Use 4291 | Multifamily dwellings &

NFIRS-1 Revision 03/11/99

FDID *	State *	MM Incident Date *	DD Incident Date *	YYYY Incident Date *	Station	Incident Number *	Exposure *	
07130	NJ	5	17	2004	ST3	04-0001083	000	Complete Narrative

Narrative:

OWNER- N/A

TYPE- 3 STORY ORDINARY

CAUSE- ASSIST MPD TO GAIN ENTRY IN APT. 6

DAM- NONE

NOTE- T-2 USED AERIAL LADDER TO ENTER THROUGH APT. WINDOW ON 3RD FLOOR SIDE A

A

FDID *	State *	Incident Date * (MM / DD / YYYY)	Station	Incident Number *	Exposure *	Delete / Change	NFIRS - 9 Apparatus or Resources
07130	NJ	5 / 17 / 2004	ST3	04-0001083	000	☐ Delete ☐ Change	

B

Apparatus or * Resource	Date and Times (Check if same as alarm date)	Month	Day	Year	Hour	Min	Sent [X]	Number of * People	Use (Check ONE box for each apparatus to indicate its main use at the incident.)	Actions Taken
1 ID E2 Type 13	Dispatch	[X]	5	17	2004	10:35	[X]	0	☐ Suppression ☐ EMS [X] Other	
	Arrival	[X]	5	17	2004	10:35				
	Clear	[X]	5	17	2004	11:18				
2 ID E3 Type 91	Dispatch	[X]	5	17	2004	10:35	[X]	0	☐ Suppression ☐ EMS [X] Other	
	Arrival	[X]	5	17	2004	10:35				
	Clear	[X]	5	17	2004	11:18				
3 ID E3 Type 11	Dispatch	[X]	5	17	2004	10:35	[X]	0	☐ Suppression ☐ EMS [X] Other	
	Arrival	[X]	5	17	2004	10:35				
	Clear	[X]	5	17	2004	11:18				
4 ID Type	Dispatch	☐					☐		☐ Suppression ☐ EMS ☐ Other	
	Arrival	☐								
	Clear	☐								
5 ID Type	Dispatch	☐					☐		☐ Suppression ☐ EMS ☐ Other	
	Arrival	☐								
	Clear	☐								
6 ID Type	Dispatch	☐					☐		☐ Suppression ☐ EMS ☐ Other	
	Arrival	☐								
	Clear	☐								
7 ID Type	Dispatch	☐					☐		☐ Suppression ☐ EMS ☐ Other	
	Arrival	☐								
	Clear	☐								
8 ID Type	Dispatch	☐					☐		☐ Suppression ☐ EMS ☐ Other	
	Arrival	☐								
	Clear	☐								
9 ID Type	Dispatch	☐					☐		☐ Suppression ☐ EMS ☐ Other	
	Arrival	☐								
	Clear	☐								

Type of Apparatus or Resources

Ground Fire Suppression
- 11 Engine
- 12 Truck or aerial
- 13 Quint
- 14 Tanker & pumper combination
- 16 Brush truck
- 17 ARF (Aircraft Rescue and Firefighting)
- 10 Ground fire suppression, other

Heavy Ground Equipment
- 21 Dozer or plow
- 22 Tractor
- 24 Tanker or tender
- 20 Heavy equipment, other

Aircraft
- 41 Aircraft: fixed wing tanker
- 42 Helitanker
- 43 Helicopter
- 40 Aircraft, other

Marine Equipment
- 51 Fire boat with pump
- 52 Boat, no pump
- 50 Marine apparatus, other

Support Equipment
- 61 Breathing apparatus support
- 62 Light and air unit
- 60 Support apparatus, other

Medical & Rescue
- 71 Rescue unit
- 72 Urban Search & rescue unit
- 73 High angle rescue unit
- 75 BLS unit
- 76 ALS unit
- 70 Medical and rescue unit,other

More Apparatus? Use Additional Sheets

Other
- 91 Mobile command post
- 92 Chief officer car
- 93 HazMat unit
- 94 Type 1 hand crew
- 95 Type 2 hand crew
- 99 Privately owned vehicle
- 00 Other apparatus/resource

- NN None
- UU Undetermined

NFIRS-9 Revision 11/17/98

A

FDID *	State *	MM Incident Date *	DD Incident Date *	YYYY Incident Date *	Station	Incident Number *	Exposure *
07130	NJ	12	25	2007	HQ	07-0002645	000

☐ Delete ☐ Change ☐ No Activity

NFIRS -1 Basic

B Location *

☐ Check this box to Indicate that the address for this incident is provided on the Wildland Fire Module In Section B "Alternative Location Specification". Use only for Wildland fires.

Census Tract ____ - ____

☒ Street address
☐ Intersection
☐ In front of
☐ Rear of
☐ Adjacent to
☐ Directions

Number/Milepost	Prefix	Street or Highway	Street Type	Suffix
190		BLOOMFIELD AVE		

Apt./Suite/Room	City	State	Zip Code
	MONTCLAIR	NJ	07042 -

Cross street or directions, as applicable

C Incident Type *

735 — Alarm system sounded due to

Incident Type

D Aid Given or Received *

1 ☐ Mutual aid received
2 ☐ Automatic aid recv.
3 ☐ Mutual aid given
4 ☐ Automatic aid given
5 ☐ Other aid given
N ☒ None

Their FDID ____ Their State ____

Their Incident Number ____

E1 Date & Times

Midnight is 0000

Check boxes if dates are the same as Alarm Date.

	Month	Day	Year	Hr Min Sec
ALARM always required				
Alarm *	12	25	2007	03:23:00
ARRIVAL required, unless canceled or did not arrive				
☒ Arrival *	12	25	2007	03:27:00
CONTROLLED Optional, Except for wildland fires				
☐ Controlled				
LAST UNIT CLEARED, required except for wildland fires				
☒ Last Unit Cleared	12	25	2007	03:47:00

E2 Shift & Alarms

Local Option

Shift or Platoon	Alarms	District
4		1

E3 Special Studies

Local Option

Special Study ID# ____ Special Study Value ____

F Actions Taken *

86 — Investigate
Primary Action Taken (1)

82 — Notify other agencies.
Additional Action Taken (2)

Additional Action Taken (3)

G1 Resources *

☐ Check this box and skip this section if an Apparatus or Personnel form is used.

	Apparatus	Personnel
Suppression	0004	0010
EMS		
Other		

☐ Check box if resource counts include aid received resources.

G2 Estimated Dollar Losses & Values

LOSSES: Required for all fires if known. Optional for non fires.

		None
Property $ ____ , 000 , 000		☐
Contents $ ____ , 000 , 000		☐

PRE-INCIDENT VALUE: Optional

Property $ ____ , 000 , 000	☐
Contents $ ____ , 000 , 000	☐

Completed Modules

☐ Fire-2
☐ Structure-3
☐ Civil Fire Cas.-4
☐ Fire Serv. Cas.-5
☐ EMS-6
☐ HazMat-7
☐ Wildland Fire-8
☒ Apparatus-9
☒ Personnel-10
☐ Arson-11

H1 * Casualties ☐ None

	Deaths	Injuries
Fire Service		
Civilian		

H2 Detector

Required for Confined Fires.

1 ☐ Detector alerted occupants
2 ☐ Detector did not alert them
U ☐ Unknown

H3 Hazardous Materials Release

N ☐ None
1 ☐ Natural Gas: slow leak, no evauation or HazMat actions
2 ☐ Propane gas: <21 lb. tank (as in home BBQ grill)
3 ☐ Gasoline: vehicle fuel tank or portable container
4 ☐ Kerosene: fuel burning equipment or portable storage
5 ☐ Diesel fuel/fuel oil: vehicle fuel tank or portable
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I Mixed Use Property

NN ☐ Not Mixed
10 ☐ Assembly use
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65 ☐ Farm use
00 ☐ Other mixed use

J Property Use * Structures

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331 ☐ Hospital
341 ☐ Clinic,clinic type infirmary
342 ☐ Doctor/dentist office
361 ☐ Prison or jail, not juvenile
419 ☐ 1-or 2-family dwelling
429 ☒ Multi-family dwelling
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459 ☐ Residential, board and care
464 ☐ Dormitory/barracks
519 ☐ Food and beverage sales
539 ☐ Household goods,sales,repairs
579 ☐ Motor vehicle/boat sales/repair
571 ☐ Gas or service station
599 ☐ Business office
615 ☐ Electric generating plant
629 ☐ Laboratory/science lab
700 ☐ Manufacturing plant
819 ☐ Livestock/poultry storage(barn)
882 ☐ Non-residential parking garage
891 ☐ Warehouse

Outside

124 ☐ Playground or park
655 ☐ Crops or orchard
669 ☐ Forest (timberland)
807 ☐ Outdoor storage area
919 ☐ Dump or sanitary landfill
931 ☐ Open land or field
936 ☐ Vacant lot
938 ☐ Graded/care for plot of land
946 ☐ Lake, river, stream
951 ☐ Railroad right of way
960 ☐ Other street
961 ☐ Highway/divided highway
962 ☐ Residential street/driveway
981 ☐ Construction site
984 ☐ Industrial plant yard

Lookup and enter a Property Use code only if you have NOT checked a Property Use box:

Property Use 429

Multifamily dwelling

NFIRS-1 Revision 03/11/99

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 | MI | Last Name | Suffix

Number | Prefix | Street or Highway | Street Type | Suffix

Post Office Box | Apt./Suite/Room | City

State | Zip Code

☐ 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

L Authorization

Officer in charge ID	Signature	Position or rank	Assignment	Month	Day	Year
164	DiGERONIMO, DONATO	4 - BC	CAR4	12	25	2007

Check Box if same as Officer in charge.

Member making report ID	Signature	Position or rank	Assignment	Month	Day	Year
238	DYER, KEVIN	6 - LT	T1	12	25	2007

FDID *	State *	MM Incident Date *	DD Incident Date *	YYYY Incident Date *	Station	Incident Number *	Exposure *	Complete Narrative
07130	NJ	12	25	2007	HQ	07-0002645	000	

Narrative:

LOC: 190 BLOOMFIELD AVE

TYPE: 3 STORY ORDINARY

OWNER: HO YOUNG

CAUSE: ALARM ACTIVATED , UNABLE TO SILENCE /RESET
BUILDING REP ON SCENE

DAMAGE: NONE

NOTE: REFERRING TO FIRE PREVENTION, ALARM SYSTEM IN DISREPAIR.
DETECTOR HEADS REMOVED THROUGH OUT BASEMENT & HALLWAY

A

FDID *	State *	Incident Date * (MM / DD / YYYY)	Station	Incident Number *	Exposure *	Delete / Change	NFIRS - 9 Apparatus or Resources
07130	NJ	12 / 25 / 2007	HQ	07-0002645	000	☐ Delete ☐ Change	

B

Apparatus or * Resource	Date and Times (Check if same as alarm date)	Sent [X]	Number of * People	Use (Check ONE box for each apparatus to indicate its main use at the incident.)	Actions Taken
1 ID CAR7 Type 92	Dispatch ☐ 12 25 2007 03:23 Arrival ☐ 12 25 2007 03:27 Clear ☐ 12 25 2007 03:31	X	1	[X] Suppression ☐ EMS ☐ Other	
2 ID E1 Type 11	Dispatch ☐ 12 25 2007 03:23 Arrival ☐ 12 25 2007 03:27 Clear ☐ 12 25 2007 03:31	X	3	[X] Suppression ☐ EMS ☐ Other	
3 ID E3 Type 11	Dispatch ☐ 12 25 2007 03:23 Arrival ☐ Clear ☐ 12 25 2007 03:28	X	3	[X] Suppression ☐ EMS ☐ Other	
4 ID T1 Type 13	Dispatch ☐ 12 25 2007 03:23 Arrival ☐ 12 25 2007 03:27 Clear ☐ 12 25 2007 03:28	X	3	[X] Suppression ☐ EMS ☐ Other	
5 ID Type	Dispatch ☐ Arrival ☐ Clear ☐			☐ Suppression ☐ EMS ☐ Other	
6 ID Type	Dispatch ☐ Arrival ☐ Clear ☐			☐ Suppression ☐ EMS ☐ Other	
7 ID Type	Dispatch ☐ Arrival ☐ Clear ☐			☐ Suppression ☐ EMS ☐ Other	
8 ID Type	Dispatch ☐ Arrival ☐ Clear ☐			☐ Suppression ☐ EMS ☐ Other	
9 ID Type	Dispatch ☐ Arrival ☐ Clear ☐			☐ Suppression ☐ EMS ☐ Other	

Type of Apparatus or Resources

Ground Fire Suppression
- 11 Engine
- 12 Truck or aerial
- 13 Quint
- 14 Tanker & pumper combination
- 16 Brush truck
- 17 ARF (Aircraft Rescue and Firefighting)
- 10 Ground fire suppression, other

Heavy Ground Equipment
- 21 Dozer or plow
- 22 Tractor
- 24 Tanker or tender
- 20 Heavy equipment, other

Aircraft
- 41 Aircraft: fixed wing tanker
- 42 Helitanker
- 43 Helicopter
- 40 Aircraft, other

Marine Equipment
- 51 Fire boat with pump
- 52 Boat, no pump
- 50 Marine apparatus, other

Support Equipment
- 61 Breathing apparatus support
- 62 Light and air unit
- 60 Support apparatus, other

Medical & Rescue
- 71 Rescue unit
- 72 Urban Search & rescue unit
- 73 High angle rescue unit
- 75 BLS unit
- 76 ALS unit
- 70 Medical and rescue unit,other

More Apparatus? Use Additional Sheets

Other
- 91 Mobile command post
- 92 Chief officer car
- 93 HazMat unit
- 94 Type 1 hand crew
- 95 Type 2 hand crew
- 99 Privately owned vehicle
- 00 Other apparatus/resource

- NN None
- UU Undetermined

NFIRS-9 Revision 11/17/98

NFIRS -1 Basic

A

FDID *	State *	Incident Date * (MM)	(DD)	(YYYY)	Station	Incident Number *	Exposure *
07130	NJ	12	27	2007	HQ	07-0002656	000

☐ Delete ☐ Change ☐ No Activity

B Location*

☐ Check this box to Indicate that the address for this incident is provided on the Wildland Fire Module In Section B "Alternative Location Specification". Use only for Wildland fires.

Census Tract ____ - ____

☒ Street address
☐ Intersection
☐ In front of
☐ Rear of
☐ Adjacent to
☐ Directions

Number/Milepost	Prefix	Street or Highway	Street Type	Suffix
190		BLOOMFIELD AVE		

Apt./Suite/Room	City	State	Zip Code
	MONTCLAIR	NJ	07042 -

Cross street or directions, as applicable

C Incident Type *

111 Building fire
Incident Type

D Aid Given or Received*

1 ☐ Mutual aid received
2 ☐ Automatic aid recv.
3 ☐ Mutual aid given
4 ☐ Automatic aid given
5 ☐ Other aid given
N ☒ None

Their FDID ____ Their State ____
Their Incident Number ____

E1 Date & Times

Midnight is 0000

Check boxes if dates are the same as Alarm Date.

	Month	Day	Year	Hr Min Sec
Alarm * (ALARM always required)	12	27	2007	14:27:00
☐ Arrival * (ARRIVAL required, unless canceled or did not arrive)	12	27	2007	14:30:33
☐ Controlled (CONTROLLED Optional, Except for wildland fires)				
☐ Last Unit Cleared (LAST UNIT CLEARED, required except for wildland fires)	12	27	2007	16:19:54

E2 Shift & Alarms

Local Option

Shift or Platoon	Alarms	District
3		1

E3 Special Studies

Local Option

Special Study ID# ____ Special Study Value ____

F Actions Taken *

12 Salvage & overhaul
Primary Action Taken (1)

81 Incident command
Additional Action Taken (2)

86 Investigate
Additional Action Taken (3)

G1 Resources *

☒ Check this box and skip this section if an Apparatus or Personnel form is used.

	Apparatus	Personnel
Suppression	0007	0017
EMS		
Other		

☐ Check box if resource counts include aid received resources.

G2 Estimated Dollar Losses & Values

LOSSES: Required for all fires if known. Optional for non fires.

		None
Property $ ____ , 000 , 000		☒
Contents $ ____ , 000 , 000		☒

PRE-INCIDENT VALUE: Optional

Property $ ____ , 000 , 000	☒
Contents $ ____ , 000 , 000	☒

Completed Modules

☒ Fire-2
☒ Structure-3
☐ Civil Fire Cas.-4
☐ Fire Serv. Cas.-5
☐ EMS-6
☐ HazMat-7
☐ Wildland Fire-8
☒ Apparatus-9
☒ Personnel-10
☐ Arson-11

H1* Casualties ☒ None

	Deaths	Injuries
Fire Service		
Civilian		

H2 Detector

Required for Confined Fires.

1 ☐ Detector alerted occupants
2 ☒ Detector did not alert them
U ☐ Unknown

H3 Hazardous Materials Release

N ☐ None
1 ☐ Natural Gas: slow leak, no evacuation or HazMat actions
2 ☐ Propane gas: <21 lb. tank (as in home BBQ grill)
3 ☐ Gasoline: vehicle fuel tank or portable container
4 ☐ Kerosene: fuel burning equipment or portable storage
5 ☐ Diesel fuel/fuel oil: vehicle fuel tank or portable
6 ☐ Household solvents: home/office spill, cleanup only
7 ☐ Motor oil: from engine or portable container
8 ☐ Paint: from paint cans totaling < 55 gallons
0 ☐ Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form

I Mixed Use Property

NN ☐ Not Mixed
10 ☐ Assembly use
20 ☐ Education use
33 ☐ Medical use
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J Property Use* Structures

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331 ☐ Hospital
341 ☐ Clinic,clinic type infirmary
342 ☐ Doctor/dentist office
361 ☐ Prison or jail, not juvenile
419 ☐ 1-or 2-family dwelling
429 ☒ Multi-family dwelling
439 ☐ Rooming/boarding house
449 ☐ Commercial hotel or motel
459 ☐ Residential, board and care
464 ☐ Dormitory/barracks
519 ☐ Food and beverage sales
539 ☐ Household goods,sales,repairs
579 ☐ Motor vehicle/boat sales/repair
571 ☐ Gas or service station
599 ☐ Business office
615 ☐ Electric generating plant
629 ☐ Laboratory/science lab
700 ☐ Manufacturing plant
819 ☐ Livestock/poultry storage(barn)
882 ☐ Non-residential parking garage
891 ☐ Warehouse

Outside

124 ☐ Playground or park
655 ☐ Crops or orchard
669 ☐ Forest (timberland)
807 ☐ Outdoor storage area
919 ☐ Dump or sanitary landfill
931 ☐ Open land or field
936 ☐ Vacant lot
938 ☐ Graded/care for plot of land
946 ☐ Lake, river, stream
951 ☐ Railroad right of way
960 ☐ Other street
961 ☐ Highway/divided highway
962 ☐ Residential street/driveway
981 ☐ Construction site
984 ☐ Industrial plant yard

Lookup and enter a Property Use code only if you have NOT checked a Property Use box:

Property Use 4291

Multifamily dwellings &

NFIRS-1 Revision 03/11/99

FDID *	State *	MM Incident Date *	DD Incident Date *	YYYY Incident Date *	Station	Incident Number *	Exposure *	Complete Narrative
07130	NJ	12	27	2007	HQ	07-0002656	000	

Narrative:

Cause: Accidental Smoking material ignited common combustibles on the 3rd floor landing
Damage to the stairway landing and wall
Yep: 3 story protected wood frame
Refer to the FPB report for further information

A

FDID *	State *	Incident Date * (MM / DD / YYYY)	Station	Incident Number *	Exposure *
07130	NJ	12 / 27 / 2007	HQ	07-0002656	000

☐ Delete ☐ Change ☐ No Activity

NFIRS -2 Fire

B Property Details

B1 0010 ☐ Not Residential
Estimated Number of residential living units in building of origin whether or not all units became involved

B2 001 ☐ Buildings not involved
Number of buildings involved

B3 ☐ None
Acres burned (outside fires) ☐ Less than one acre

C On-Site Materials or Products ☐ None

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

Enter up to three codes. Check one or more boxes for each code entered.

On-site material (1)
On-site material (2)
On-site material (3)

1 ☐ Bulk storage or warehousing
2 ☐ Processing or manufacturing
3 ☐ Packaged goods for sale
4 ☐ Repair or service

D Ignition

D1 03 Interior stairway or
Area of fire origin *

D2 61 Cigarette
Heat source *

D3 34 Wearing apparel not on
Item first ignited * 1 ☒ Check Box if fire spread was confined to object of origin

D4 71 Fabric, fiber, cotton,
Type of material first ignited — Required only if item first ignited code is 00 or <70

E1 Cause of Ignition

☐ Check box if this is an exposure report. Skip to section G

1 ☐ Intentional
2 ☒ Unintentional
3 ☐ Failure of equipment or heat source
4 ☐ Act of nature
5 ☐ Cause under investigation
U ☐ Cause undetermined after investigation

E2 Factors Contributing To Ignition

☒ None

NN None
Factor Contributing To Ignition (1)

Factor Contributing To Ignition (2)

E3 Human Factors Contributing To Ignition

Check all applicable boxes

1 ☐ Asleep ☒ None
2 ☐ Possibly impaired by alcohol or drugs
3 ☐ Unattended person
4 ☐ Possibly mental disabled
5 ☐ Physically Disabled
6 ☐ Multiple persons involved
7 ☐ Age was a factor

Estimated age of person envolved

1 ☐ Male 2 ☐ Female

F1 Equipment Involved In Ignition

☐ None If Equipment was not involved, Skip to Section G

Equipment Involved

Brand

Model

Serial #

Year

F2 Equipment Power

Equipment Power Source

F3 Equipment Portability

1 ☐ Portable
2 ☐ Stationary

Portable equipment normally can be moved by one person, is designed to be use in multiple locations, and requires no tools to install.

G Fire Suppression Factors

Enter up to three codes. ☒ None

NNN None
Fire suppression factor (1)

Fire suppression factor (2)

Fire suppression factor (3)

H1 Mobile Property Involved

☐ None

1 ☐ Not involved in ignition, but burned
2 ☐ Involved in ignition, but did not burn
3 ☐ Involved in ignition and burned

H2 Mobile Property Type & Make

Mobile property type

Mobile property make

Moblie property model

Year

License Plate Number

State

VIN Number

Local Use

☐ Pre-Fire Plan Available

Some of the information presented in this report may be based upon reports from other Agencies

☐ Arson report attached
☐ Police report attached
☐ Coroner report attached
☐ Other reports attached

NFIRS-2 Revision 01/19/99

I1 Structure Type *

If Fire was In enclosed building or a portable/mobile structure complete the rest of this form

1 [X] Enclosed Building
2 [ ] Portable/mobile structure
3 [ ] Open structure
4 [ ] Air supported structure
5 [ ] Tent
6 [ ] Open platform (e.g. piers)
7 [ ] Underground structure (work areas)
8 [ ] Connective structure (e.g. fences)
0 [ ] Other type of structure

I2 Building Status *

1 [ ] Under construction
2 [X] Occupied & operating
3 [ ] Idle, not routinely used
4 [ ] Under major renovation
5 [ ] Vacant and secured
6 [ ] Vacant and unsecured
7 [ ] Being demolished
0 [ ] Other
U [ ] Undetermined

I3 Building * Height

Count the ROOF as part of the highest story

003 Total number of stories at or above grade

001 Total number of stories below grade

I4 Main Floor Size*

NFIRS-3 Structure Fire

[ ] , 004 , 500 Total square feet

OR

[ ] , 075 BY [ ] , 060 Lenght in feet / Width in feet

J1 Fire Origin *

003 Story of fire origin

[ ] Below Grade

J2 Fire Spread *

1 [ ] Confined to object of origin
2 [ ] Confined to room of origin
3 [ ] Confined to floor of origin
4 [ ] Confined to building of origin
5 [ ] Beyond building of origin

J3 Number of Stories Damaged By Flame

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)

[ ] Number of stories w/ extreme damage (75 to 100% flame damage)

K Material Contributing Most To Flame Spread

[X] Check if no flame spread OR same as material first ignited OR unable to determine — Skip To Section L

K1 [ ] [ ] Item contributing most to flame spread

K2 [ ] [ ] Type of material contributing most of flame spread — Required only if item contributing code is 00 or<70

L1 Presence of Detectors *

(In area of the fire)

N [ ] None Present — Skip to section M

1 [X] Present

U [ ] Undetermined

L2 Detector Type

1 [X] Smoke
2 [ ] Heat
3 [ ] Combination smoke - heat
4 [ ] Sprinkler, water flow detection
5 [ ] More than 1 type present
0 [ ] Other _____
U [ ] Undetermined

L3 Detector Power Supply

1 [ ] Battery only
2 [X] Hardwire only
3 [ ] Plug in
4 [ ] Hardwire with battery
5 [ ] Plug in with battery
6 [ ] Mechanical
7 [ ] Multple detectors & power supplies
0 [ ] Other _____
U [ ] Undetermined

L4 Detector Operation

1 [ ] Fire too small to activate
2 [ ] Operated (Complete Section L5)
3 [X] Failed to Operate (Complete Section L6)
U [ ] Undetermined

L5 Detector Effectiveness

Required if detector operated

1 [ ] Alerted Occupants, occupants responded
2 [ ] Occupants failed to respond
3 [ ] There were no occupants
4 [ ] Failed to alert occupants
U [ ] Undetermined

L6 Detector Failure Reason

Required if detector failed to operate

1 [ ] Power failure, shutoff or disconnect
2 [ ] Improper installation or placement
3 [ ] Defective
4 [X] Lack of maintenance, includes cleaning
5 [ ] Battery missing or disconnected
6 [ ] Battery discharged or dead
0 [ ] Other _____
U [ ] Undetermined

M1 Presence of Automatic Extinguishment System *

N [X] None Present

1 [ ] Present — Complete rest of Section M

M2 Type of Automatic Extinguishment System *

Required if fire was within designed range of AES

1 [ ] Wet pipe sprinkler
2 [ ] Dry pipe sprinkler
3 [ ] Other sprinkler system
4 [ ] Dry chemical system
5 [ ] Foam system
6 [ ] Halogen type system
7 [ ] Carbon dioxide (CO_2) system
0 [ ] Other special hazard system
U [ ] Undetermined

M3 Automatic Extinguishment System Operation

Required if fire was within designed range

1 [ ] Operated & effective (Go to M4)
2 [ ] Operated & not effective (M4)
3 [ ] Fire too small to activate
4 [ ] Failed to operate (Go to M5)
0 [ ] Other
U [ ] Undetermined

M4 Number of Sprinkler Heads Operating

Required if system operated

[ ] Number of sprinkler heads operating

M5 Automatic Extinguishment System Failure Reason

Required if system failed

1 [ ] System shut off
2 [ ] Not enough agent discharged
3 [ ] Agent discharged but did not reach fire
4 [ ] Wrong type of system
5 [ ] Fire not in area protected
6 [ ] System components damaged
7 [ ] Lack of maintenance
8 [ ] Manual Intervention
0 [ ] Other _____
U [ ] Undetermined

NFIRS-3 Revision 01/19/99

A

FDID *	State *	Incident Date * (MM / DD / YYYY)	Station	Incident Number *	Exposure *	Delete / Change	NFIRS - 9 Apparatus or Resources
07130	NJ	12 / 27 / 2007	HQ	07-0002656	000	☐ Delete ☐ Change	

B

Apparatus or * Resource	Date and Times (Check if same as alarm date)	Month	Day	Year	Hour	Min	Sent [X]	Number of * People	Use (Check ONE box for each apparatus to indicate its main use at the incident.)	Actions Taken
1 ID CAR5 Type 00	Dispatch	☐ 12	27	2007	14:33		[X]	0	[X] Suppression ☐ EMS ☐ Other	
	Arrival	☐ 12	27	2007	14:33					
	Clear	[X] 12	27	2007	16:19					
2 ID CAR7 Type 92	Dispatch	☐ 12	27	2007	14:27		[X]	1	[X] Suppression ☐ EMS ☐ Other	
	Arrival	☐ 12	27	2007	14:30					
	Clear	[X] 12	27	2007	15:06					
3 ID E1 Type 11	Dispatch	☐ 12	27	2007	14:27		[X]	3	[X] Suppression ☐ EMS ☐ Other	
	Arrival	☐ 12	27	2007	14:31					
	Clear	[X] 12	27	2007	15:57					
4 ID E2 Type 11	Dispatch	☐ 12	27	2007	14:31		[X]	3	[X] Suppression ☐ EMS ☐ Other	
	Arrival	☐ 12	27	2007	14:31					
	Clear	[X] 12	27	2007	15:06					
5 ID E3 Type 11	Dispatch	☐ 12	27	2007	14:28		[X]	4	[X] Suppression ☐ EMS ☐ Other	
	Arrival	☐ 12	27	2007	14:33					
	Clear	[X] 12	27	2007	15:06					
6 ID T1 Type 13	Dispatch	☐ 12	27	2007	14:28		[X]	3	[X] Suppression ☐ EMS ☐ Other	
	Arrival	☐								
	Clear	[X] 12	27	2007	15:06					
7 ID T2 Type 13	Dispatch	☐ 12	27	2007	14:32		[X]	3	[X] Suppression ☐ EMS ☐ Other	
	Arrival	☐ 12	27	2007	14:32					
	Clear	[X] 12	27	2007	15:06					
8 ID Type	Dispatch	☐					☐		☐ Suppression ☐ EMS ☐ Other	
	Arrival	☐								
	Clear	☐								
9 ID Type	Dispatch	☐					☐		☐ Suppression ☐ EMS ☐ Other	
	Arrival	☐								
	Clear	☐								

Type of Apparatus or Resources

Ground Fire Suppression
- 11 Engine
- 12 Truck or aerial
- 13 Quint
- 14 Tanker & pumper combination
- 16 Brush truck
- 17 ARF (Aircraft Rescue and Firefighting)
- 10 Ground fire suppression, other

Heavy Ground Equipment
- 21 Dozer or plow
- 22 Tractor
- 24 Tanker or tender
- 20 Heavy equipment, other

Aircraft
- 41 Aircraft: fixed wing tanker
- 42 Helitanker
- 43 Helicopter
- 40 Aircraft, other

Marine Equipment
- 51 Fire boat with pump
- 52 Boat, no pump
- 50 Marine apparatus, other

Support Equipment
- 61 Breathing apparatus support
- 62 Light and air unit
- 60 Support apparatus, other

Medical & Rescue
- 71 Rescue unit
- 72 Urban Search & rescue unit
- 73 High angle rescue unit
- 75 BLS unit
- 76 ALS unit
- 70 Medical and rescue unit,other

More Apparatus? Use Additional Sheets

Other
- 91 Mobile command post
- 92 Chief officer car
- 93 HazMat unit
- 94 Type 1 hand crew
- 95 Type 2 hand crew
- 99 Privately owned vehicle
- 00 Other apparatus/resource

- NN None
- UU Undetermined

NFIRS-9 Revision 11/17/98

A

FDID *	State *	MM Incident Date *	DD Incident Date *	YYYY Incident Date *	Station	Incident Number *	Exposure *
07130	NJ	06	28	2008	HQ	08-001217	000

☐ Delete ☐ Change ☐ No Activity

NFIRS -1 Basic

B Location *

☐ Check this box to Indicate that the address for this incident is provided on the Wildland Fire Module In Section B "Alternative Location Specification". Use only for Wildland fires.

Census Tract ____ - ____

☒ Street address
☐ Intersection
☐ In front of
☐ Rear of
☐ Adjacent to
☐ Directions

Number/Milepost	Prefix	Street or Highway	Street Type	Suffix
190		BLOOMFIELD AVE		

Apt./Suite/Room	City	State	Zip Code
	MONTCLAIR	NJ	07042 -

Cross street or directions, as applicable

C Incident Type *

Incident Type	
700	False alarm or false call,

D Aid Given or Received *

1 ☐ Mutual aid received
2 ☐ Automatic aid recv.
3 ☐ Mutual aid given
4 ☐ Automatic aid given
5 ☐ Other aid given
N ☒ None

Their FDID ____ Their State ____
Their Incident Number ____

E1 Date & Times

Midnight is 0000

Check boxes if dates are the same as Alarm Date.

	Month	Day	Year	Hr Min Sec
ALARM always required				
Alarm *	06	28	2008	03:30:00
ARRIVAL required, unless canceled or did not arrive				
☐ Arrival *	06	28	2008	03:32:00
CONTROLLED Optional, Except for wildland fires				
☐ Controlled				
LAST UNIT CLEARED, required except for wildland fires				
☐ Last Unit Cleared	06	28	2008	03:43:00

E2 Shift & Alarms

Local Option

Shift or Platoon	Alarms	District
2		1

E3 Special Studies

Local Option

Special Study ID#	Special Study Value

F Actions Taken *

86	Investigate

Primary Action Taken (1)

Additional Action Taken (2)

Additional Action Taken (3)

G1 Resources *

☒ Check this box and skip this section if an Apparatus or Personnel form is used.

	Apparatus	Personnel
Suppression		
EMS		
Other	0004	0010

☐ Check box if resource counts include aid received resources.

G2 Estimated Dollar Losses & Values

LOSSES: Required for all fires if known. Optional for non fires.

		None
Property $ ____ , 000 , 000		☐
Contents $ ____ , 000 , 000		☐

PRE-INCIDENT VALUE: Optional

Property $ ____ , 000 , 000	☐
Contents $ ____ , 000 , 000	☐

Completed Modules

☐ Fire-2
☐ Structure-3
☐ Civil Fire Cas.-4
☐ Fire Serv. Cas.-5
☐ EMS-6
☐ HazMat-7
☐ Wildland Fire-8
☒ Apparatus-9
☒ Personnel-10
☐ Arson-11

H1 * Casualties ☐ None

	Deaths	Injuries
Fire Service		
Civilian		

H2 Detector

Required for Confined Fires.

1 ☐ Detector alerted occupants
2 ☐ Detector did not alert them
U ☐ Unknown

H3 Hazardous Materials Release

N ☐ None
1 ☐ Natural Gas: slow leak, no evauation or HazMat actions
2 ☐ Propane gas: <21 lb. tank (as in home BBQ grill)
3 ☐ Gasoline: vehicle fuel tank or portable container
4 ☐ Kerosene: fuel burning equipment or portable storage
5 ☐ Diesel fuel/fuel oil: vehicle fuel tank or portable
6 ☐ Household solvents: home/office spill, cleanup only
7 ☐ Motor oil: from engine or portable container
8 ☐ Paint: from paint cans totaling < 55 gallons
0 ☐ Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form

I Mixed Use Property

NN ☐ Not Mixed
10 ☐ Assembly use
20 ☐ Education use
33 ☐ Medical use
40 ☐ Residential use
51 ☐ Row of stores
53 ☐ Enclosed mall
58 ☐ Bus. & Residential
59 ☐ Office use
60 ☐ Industrial use
63 ☐ Military use
65 ☐ Farm use
00 ☐ Other mixed use

J Property Use * Structures

131 ☐ Church, place of worship
161 ☐ Restaurant or cafeteria
162 ☐ Bar/Tavern or nightclub
213 ☐ Elementary school or kindergarten
215 ☐ High school or junior high
241 ☐ College, adult education
311 ☐ Care facility for the aged
331 ☐ Hospital
341 ☐ Clinic,clinic type infirmary
342 ☐ Doctor/dentist office
361 ☐ Prison or jail, not juvenile
419 ☐ 1-or 2-family dwelling
429 ☒ Multi-family dwelling
439 ☐ Rooming/boarding house
449 ☐ Commercial hotel or motel
459 ☐ Residential, board and care
464 ☐ Dormitory/barracks
519 ☐ Food and beverage sales
539 ☐ Household goods,sales,repairs
579 ☐ Motor vehicle/boat sales/repair
571 ☐ Gas or service station
599 ☐ Business office
615 ☐ Electric generating plant
629 ☐ Laboratory/science lab
700 ☐ Manufacturing plant
819 ☐ Livestock/poultry storage(barn)
882 ☐ Non-residential parking garage
891 ☐ Warehouse

Outside

124 ☐ Playground or park
655 ☐ Crops or orchard
669 ☐ Forest (timberland)
807 ☐ Outdoor storage area
919 ☐ Dump or sanitary landfill
931 ☐ Open land or field
936 ☐ Vacant lot
938 ☐ Graded/care for plot of land
946 ☐ Lake, river, stream
951 ☐ Railroad right of way
960 ☐ Other street
961 ☐ Highway/divided highway
962 ☐ Residential street/driveway
981 ☐ Construction site
984 ☐ Industrial plant yard

Lookup and enter a Property Use code only if you have NOT checked a Property Use box:

Property Use 4291

Multifamily dwellings &

NFIRS-1 Revision 03/11/99

FDID *	State *	MM Incident Date *	DD Incident Date *	YYYY Incident Date *	Station	Incident Number *	Exposure *	Complete Narrative
07130	NJ	6	28	2008	HQ	08-001217	000	

Narrative:

CAUSE: POSSIBLE DEFECTIVE ALARM SYSTEM IN BUILDING.

DAMAGE: NONE BY FIRE.

ALARM SYSTEM IS IN A STATE OF DISREPAIR,FIRE PREVENTION NOTIFIED.

A

FDID *	State *	Incident Date * (MM / DD / YYYY)	Station	Incident Number *	Exposure *	Delete / Change	NFIRS - 9 Apparatus or Resources
07130	NJ	6 / 28 / 2008	HQ	08-001217	000	☐ Delete ☐ Change	

B

	Apparatus or * Resource	Date and Times (Check if same as alarm date)	Month	Day	Year	Hour	Min	Sent [X]	Number of * People	Use (Check ONE box for each apparatus to indicate its main use at the incident.)	Actions Taken
1	ID: CAR7 Type: 92	Dispatch [X]	6	28	2008	03:30		X	1	☐ Suppression ☐ EMS ☒ Other	
		Arrival [ ]	6	28	2008	03:32					
		Clear [ ]	6	28	2008	03:43					
2	ID: E1 Type: 11	Dispatch [X]	6	28	2008	03:30		X	3	☐ Suppression ☐ EMS ☒ Other	
		Arrival [ ]	6	28	2008	03:32					
		Clear [ ]	6	28	2008	03:43					
3	ID: E3 Type: 11	Dispatch [X]	6	28	2008	03:30		X	3	☐ Suppression ☐ EMS ☒ Other	
		Arrival [X]	6	28	2008	03:32					
		Clear [X]	6	28	2008	03:43					
4	ID: T1 Type: 13	Dispatch [X]	6	28	2008	03:30		X	3	☐ Suppression ☐ EMS ☒ Other	
		Arrival [ ]	6	28	2008	03:32					
		Clear [ ]	6	28	2008	03:43					
5	ID: Type:	Dispatch [ ]						☐		☐ Suppression ☐ EMS ☐ Other	
		Arrival [ ]									
		Clear [ ]									
6	ID: Type:	Dispatch [ ]						☐		☐ Suppression ☐ EMS ☐ Other	
		Arrival [ ]									
		Clear [ ]									
7	ID: Type:	Dispatch [ ]						☐		☐ Suppression ☐ EMS ☐ Other	
		Arrival [ ]									
		Clear [ ]									
8	ID: Type:	Dispatch [ ]						☐		☐ Suppression ☐ EMS ☐ Other	
		Arrival [ ]									
		Clear [ ]									
9	ID: Type:	Dispatch [ ]						☐		☐ Suppression ☐ EMS ☐ Other	
		Arrival [ ]									
		Clear [ ]									

Type of Apparatus or Resources

Ground Fire Suppression
- 11 Engine
- 12 Truck or aerial
- 13 Quint
- 14 Tanker & pumper combination
- 16 Brush truck
- 17 ARF (Aircraft Rescue and Firefighting)
- 10 Ground fire suppression, other

Heavy Ground Equipment
- 21 Dozer or plow
- 22 Tractor
- 24 Tanker or tender
- 20 Heavy equipment, other

Aircraft
- 41 Aircraft: fixed wing tanker
- 42 Helitanker
- 43 Helicopter
- 40 Aircraft, other

Marine Equipment
- 51 Fire boat with pump
- 52 Boat, no pump
- 50 Marine apparatus, other

Support Equipment
- 61 Breathing apparatus support
- 62 Light and air unit
- 60 Support apparatus, other

Medical & Rescue
- 71 Rescue unit
- 72 Urban Search & rescue unit
- 73 High angle rescue unit
- 75 BLS unit
- 76 ALS unit
- 70 Medical and rescue unit,other

More Apparatus? Use Additional Sheets

Other
- 91 Mobile command post
- 92 Chief officer car
- 93 HazMat unit
- 94 Type 1 hand crew
- 95 Type 2 hand crew
- 99 Privately owned vehicle
- 00 Other apparatus/resource

- NN None
- UU Undetermined

NFIRS-9 Revision 11/17/98

A

FDID *	State *	MM	DD	YYYY	Station	Incident Number *	Exposure *
07130	NJ	05	16	2010		10-0001062	000

☐ Delete ☐ Change ☐ No Activity

NFIRS -1 Basic

B Location *

☐ Check this box to Indicate that the address for this incident is provided on the Wildland Fire Module In Section B "Alternative Location Specification". Use only for Wildland fires.

Census Tract ____ - ____

☒ Street address
☐ Intersection
☐ In front of
☐ Rear of
☐ Adjacent to
☐ Directions

Number/Milepost	Prefix	Street or Highway	Street Type	Suffix
190		BLOOMFIELD AVE		

Apt./Suite/Room	City	State	Zip Code
	MONTCLAIR	NJ	07042 -

Cross street or directions, as applicable

C Incident Type *

5111 Auto Lock-Out
Incident Type

D Aid Given or Received *

1 ☐ Mutual aid received
2 ☐ Automatic aid recv.
3 ☐ Mutual aid given
4 ☐ Automatic aid given
5 ☐ Other aid given
N ☒ None

Their FDID ____ Their State ____
Their Incident Number ____

E1 Date & Times

Midnight is 0000

Check boxes if dates are the same as Alarm Date.

	Month	Day	Year	Hr Min Sec
ALARM always required				
Alarm *	05	16	2010	19:14:00
ARRIVAL required, unless canceled or did not arrive				
☒ Arrival *	05	16	2010	19:31:00
CONTROLLED Optional, Except for wildland fires				
☐ Controlled				
LAST UNIT CLEARED, required except for wildland fires				
☒ Last Unit Cleared	05	16	2010	19:54:00

E2 Shift & Alarms

Local Option

Shift or Platoon	Alarms	District
2		1

E3 Special Studies

Local Option

Special Study ID# ____ Special Study Value ____

F Actions Taken *

70 Assistance, Other
Primary Action Taken (1)

Additional Action Taken (2)

Additional Action Taken (3)

G1 Resources *

☒ Check this box and skip this section if an Apparatus or Personnel form is used.

	Apparatus	Personnel
Suppression	0001	0003
EMS		
Other		

☐ Check box if resource counts include aid received resources.

G2 Estimated Dollar Losses & Values

LOSSES: Required for all fires if known. Optional for non fires.

		None
Property $	____ , 000 , 000	☐
Contents $	____ , 000 , 000	☐

PRE-INCIDENT VALUE: Optional

Property $	____ , 000 , 000	☐
Contents $	____ , 000 , 000	☐

Completed Modules

☐ Fire-2
☐ Structure-3
☐ Civil Fire Cas.-4
☐ Fire Serv. Cas.-5
☐ EMS-6
☐ HazMat-7
☐ Wildland Fire-8
☐ Apparatus-9
☐ Personnel-10
☐ Arson-11

H1 * Casualties ☐ None

	Deaths	Injuries
Fire Service		
Civilian		

H2 Detector

Required for Confined Fires.

1 ☐ Detector alerted occupants
2 ☐ Detector did not alert them
U ☐ Unknown

H3 Hazardous Materials Release

N ☐ None
1 ☐ Natural Gas: slow leak, no evacuation or HazMat actions
2 ☐ Propane gas: <21 lb. tank (as in home BBQ grill)
3 ☐ Gasoline: vehicle fuel tank or portable container
4 ☐ Kerosene: fuel burning equipment or portable storage
5 ☐ Diesel fuel/fuel oil: vehicle fuel tank or portable
6 ☐ Household solvents: home/office spill, cleanup only
7 ☐ Motor oil: from engine or portable container
8 ☐ Paint: from paint cans totaling < 55 gallons
0 ☐ Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form

I Mixed Use Property

NN ☐ Not Mixed
10 ☐ Assembly use
20 ☐ Education use
33 ☐ Medical use
40 ☐ Residential use
51 ☐ Row of stores
53 ☐ Enclosed mall
58 ☐ Bus. & Residential
59 ☐ Office use
60 ☐ Industrial use
63 ☐ Military use
65 ☐ Farm use
00 ☐ Other mixed use

J Property Use *

Structures

131 ☐ Church, place of worship
161 ☐ Restaurant or cafeteria
162 ☐ Bar/Tavern or nightclub
213 ☐ Elementary school or kindergarten
215 ☐ High school or junior high
241 ☐ College, adult education
311 ☐ Care facility for the aged
331 ☐ Hospital
341 ☐ Clinic,clinic type infirmary
342 ☐ Doctor/dentist office
361 ☐ Prison or jail, not juvenile
419 ☐ 1-or 2-family dwelling
429 ☐ Multi-family dwelling
439 ☐ Rooming/boarding house
449 ☐ Commercial hotel or motel
459 ☐ Residential, board and care
464 ☐ Dormitory/barracks
519 ☐ Food and beverage sales
539 ☐ Household goods,sales,repairs
579 ☐ Motor vehicle/boat sales/repair
571 ☐ Gas or service station
599 ☐ Business office
615 ☐ Electric generating plant
629 ☐ Laboratory/science lab
700 ☐ Manufacturing plant
819 ☐ Livestock/poultry storage(barn)
882 ☐ Non-residential parking garage
891 ☐ Warehouse

Outside

124 ☐ Playground or park
655 ☐ Crops or orchard
669 ☐ Forest (timberland)
807 ☐ Outdoor storage area
919 ☐ Dump or sanitary landfill
931 ☐ Open land or field
936 ☐ Vacant lot
938 ☐ Graded/care for plot of land
946 ☐ Lake, river, stream
951 ☐ Railroad right of way
960 ☒ Other street
961 ☐ Highway/divided highway
962 ☐ Residential street/driveway
981 ☐ Construction site
984 ☐ Industrial plant yard

Lookup and enter a Property Use code only if you have NOT checked a Property Use box:

Property Use 960

Street, Other

NFIRS-1 Revision 03/11/99

FDID *	State *	Incident Date * (MM)	(DD)	(YYYY)	Station	Incident Number *	Exposure *	Complete Narrative
07130	NJ	5	16	2010		10-0001062	000	

Narrative:

CAUSE: AUTO LOCKOUT ENGINE RUNNING. CALL WAS TO HELP ANOTHER GOVERNMENTAL AGENCY.

DAMAGE: NONE BY FIRE.

A

FDID *	State *	Incident Date * (MM / DD / YYYY)	Station	Incident Number *	Exposure *	Delete / Change	NFIRS - 9 Apparatus or Resources
07130	NJ	5 / 16 / 2010		10-0001062	000	☐ Delete ☐ Change	

B Apparatus or Resource — Date and Times (Check if same as alarm date) — Sent [X] — Number of People * — Use (Check ONE box for each apparatus to indicate its main use at the incident.) — Actions Taken

	ID / Type		Month	Day	Year	Hour	Min	Sent [X]	Number of People *	Use	Actions Taken
1	ID E1 / Type 11	Dispatch	5	16	2010	19:14		[X]	3	[X] Suppression	
		Arrival	5	16	2010	19:31				☐ EMS	
		Clear	5	16	2010	19:54				☐ Other	
2	ID / Type	Dispatch						☐		☐ Suppression	
		Arrival								☐ EMS	
		Clear								☐ Other	
3	ID / Type	Dispatch						☐		☐ Suppression	
		Arrival								☐ EMS	
		Clear								☐ Other	
4	ID / Type	Dispatch						☐		☐ Suppression	
		Arrival								☐ EMS	
		Clear								☐ Other	
5	ID / Type	Dispatch						☐		☐ Suppression	
		Arrival								☐ EMS	
		Clear								☐ Other	
6	ID / Type	Dispatch						☐		☐ Suppression	
		Arrival								☐ EMS	
		Clear								☐ Other	
7	ID / Type	Dispatch						☐		☐ Suppression	
		Arrival								☐ EMS	
		Clear								☐ Other	
8	ID / Type	Dispatch						☐		☐ Suppression	
		Arrival								☐ EMS	
		Clear								☐ Other	
9	ID / Type	Dispatch						☐		☐ Suppression	
		Arrival								☐ EMS	
		Clear								☐ Other	

Type of Apparatus or Resources

Ground Fire Suppression
- 11 Engine
- 12 Truck or aerial
- 13 Quint
- 14 Tanker & pumper combination
- 16 Brush truck
- 17 ARF (Aircraft Rescue and Firefighting)
- 10 Ground fire suppression, other

Heavy Ground Equipment
- 21 Dozer or plow
- 22 Tractor
- 24 Tanker or tender
- 20 Heavy equipment, other

Aircraft
- 41 Aircraft: fixed wing tanker
- 42 Helitanker
- 43 Helicopter
- 40 Aircraft, other

Marine Equipment
- 51 Fire boat with pump
- 52 Boat, no pump
- 50 Marine apparatus, other

Support Equipment
- 61 Breathing apparatus support
- 62 Light and air unit
- 60 Support apparatus, other

Medical & Rescue
- 71 Rescue unit
- 72 Urban Search & rescue unit
- 73 High angle rescue unit
- 75 BLS unit
- 76 ALS unit
- 70 Medical and rescue unit,other

More Apparatus? Use Additional Sheets

Other
- 91 Mobile command post
- 92 Chief officer car
- 93 HazMat unit
- 94 Type 1 hand crew
- 95 Type 2 hand crew
- 99 Privately owned vehicle
- 00 Other apparatus/resource

- NN None
- UU Undetermined

NFIRS-9 Revision 11/17/98

A | FDID * | State * | MM Incident Date * | DD Incident Date * | YYYY Incident Date * | Station | Incident Number * | Exposure * | ☐ Delete ☐ Change ☐ No Activity | NFIRS -1 Basic

07130	NJ	12	25	2016	HQ	16-0002308	000

B Location*

☐ Check this box to Indicate that the address for this incident is provided on the Wildland Fire Module In Section B "Alternative Location Specification". Use only for Wildland fires.

Census Tract ____ - ____

☒ Street address
☐ Intersection
☐ In front of
☐ Rear of
☐ Adjacent to
☐ Directions

Number/Milepost	Prefix	Street or Highway	Street Type	Suffix
190		BLOOMFIELD AVE		

Apt./Suite/Room	City	State	Zip Code
	MONTCLAIR	NJ	07042 -

Cross street or directions, as applicable

C Incident Type *

Incident Type	
611	Dispatched & cancelled en route

D Aid Given or Received*

1 ☐ Mutual aid received
2 ☐ Automatic aid recv.
3 ☐ Mutual aid given
4 ☐ Automatic aid given
5 ☐ Other aid given
N ☒ None

Their FDID ____ Their State ____
Their Incident Number ____

E1 Date & Times Midnight is 0000

Check boxes if dates are the same as Alarm Date.		Month	Day	Year	Hr Min Sec
	ALARM always required				
	Alarm *	12	25	2016	18:08:00
	ARRIVAL required, unless canceled or did not arrive				
☐	Arrival *				
	CONTROLLED Optional, Except for wildland fires				
☐	Controlled				
	LAST UNIT CLEARED, required except for wildland fires				
☒	Last Unit Cleared	12	25	2016	18:09:00

E2 Shift & Alarms

Local Option

Shift or Platoon	Alarms	District
1		1

E3 Special Studies

Local Option

Special Study ID# ____ Special Study Value ____

F Actions Taken*

93	Cancelled en route

Primary Action Taken (1)

Additional Action Taken (2)

Additional Action Taken (3)

G1 Resources*

☒ Check this box and skip this section if an Apparatus or Personnel form is used.

	Apparatus	Personnel
Suppression	0001	0003
EMS		
Other		

☐ Check box if resource counts include aid received resources.

G2 Estimated Dollar Losses & Values

LOSSES: Required for all fires if known. Optional for non fires.

			None
Property $ ____ ,	000 ,	000	☒
Contents $ ____ ,	000 ,	000	☒

PRE-INCIDENT VALUE: Optional

Property $ ____ ,	000 ,	000	☐
Contents $ ____ ,	000 ,	000	☐

Completed Modules

☐ Fire-2
☐ Structure-3
☐ Civil Fire Cas.-4
☐ Fire Serv. Cas.-5
☐ EMS-6
☐ HazMat-7
☐ Wildland Fire-8
☐ Apparatus-9
☐ Personnel-10
☐ Arson-11

H1 Casualties* ☐ None

	Deaths	Injuries
Fire Service		
Civilian		

H2 Detector

Required for Confined Fires.

1 ☐ Detector alerted occupants
2 ☐ Detector did not alert them
U ☐ Unknown

H3 Hazardous Materials Release

N ☐ None
1 ☐ Natural Gas: slow leak, no evacuation or HazMat actions
2 ☐ Propane gas: <21 lb. tank (as in home BBQ grill)
3 ☐ Gasoline: vehicle fuel tank or portable container
4 ☐ Kerosene: fuel burning equipment or portable storage
5 ☐ Diesel fuel/fuel oil: vehicle fuel tank or portable
6 ☐ Household solvents: home/office spill, cleanup only
7 ☐ Motor oil: from engine or portable container
8 ☐ Paint: from paint cans totaling < 55 gallons
0 ☐ Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form

I Mixed Use Property

NN ☐ Not Mixed
10 ☐ Assembly use
20 ☐ Education use
33 ☐ Medical use
40 ☐ Residential use
51 ☐ Row of stores
53 ☐ Enclosed mall
58 ☐ Bus. & Residential
59 ☐ Office use
60 ☐ Industrial use
63 ☐ Military use
65 ☐ Farm use
00 ☐ Other mixed use

J Property Use* Structures

131 ☐ Church, place of worship
161 ☐ Restaurant or cafeteria
162 ☐ Bar/Tavern or nightclub
213 ☐ Elementary school or kindergarten
215 ☐ High school or junior high
241 ☐ College, adult education
311 ☐ Care facility for the aged
331 ☐ Hospital
341 ☐ Clinic,clinic type infirmary
342 ☐ Doctor/dentist office
361 ☐ Prison or jail, not juvenile
419 ☐ 1-or 2-family dwelling
429 ☒ Multi-family dwelling
439 ☐ Rooming/boarding house
449 ☐ Commercial hotel or motel
459 ☐ Residential, board and care
464 ☐ Dormitory/barracks
519 ☐ Food and beverage sales
539 ☐ Household goods,sales,repairs
579 ☐ Motor vehicle/boat sales/repair
571 ☐ Gas or service station
599 ☐ Business office
615 ☐ Electric generating plant
629 ☐ Laboratory/science lab
700 ☐ Manufacturing plant
819 ☐ Livestock/poultry storage(barn)
882 ☐ Non-residential parking garage
891 ☐ Warehouse

Outside

124 ☐ Playground or park
655 ☐ Crops or orchard
669 ☐ Forest (timberland)
807 ☐ Outdoor storage area
919 ☐ Dump or sanitary landfill
931 ☐ Open land or field
936 ☐ Vacant lot
938 ☐ Graded/care for plot of land
946 ☐ Lake, river, stream
951 ☐ Railroad right of way
960 ☐ Other street
961 ☐ Highway/divided highway
962 ☐ Residential street/driveway
981 ☐ Construction site
984 ☐ Industrial plant yard

Lookup and enter a Property Use code only if you have NOT checked a Property Use box:

Property Use 429

Multifamily dwelling

NFIRS-1 Revision 03/11/99

FDID *	State *	MM Incident Date *	DD Incident Date *	YYYY Incident Date *	Station	Incident Number *	Exposure *	Complete Narrative
07130	NJ	12	25	2016	HQ	16-0002308	000	

Narrative:

ASSIST PD WITH GAINING ENTRY. CANCELLED EN ROUTE

A

FDID *	State *	Incident Date * (MM / DD / YYYY)	Station	Incident Number *	Exposure *	Delete / Change	NFIRS - 9 Apparatus or Resources
07130	NJ	12 / 25 / 2016	HQ	16-0002308	000	☐ Delete ☐ Change	

B Apparatus or Resource | **Date and Times** (Check if same as alarm date) | **Sent** [X] | **Number of People** * | **Use** (Check ONE box for each apparatus to indicate its main use at the incident.) | **Actions Taken**

	Apparatus or Resource	Date and Times (Month Day Year Hour Min)	Sent [X]	Number of People *	Use	Actions Taken
1	ID: T2 Type: 13	Dispatch ☐ 12 25 2016 18:08 Arrival ☐ Clear ☒ 12 25 2016 18:09	[X]	3	☒ Suppression ☐ EMS ☐ Other	93
2	ID: Type:	Dispatch ☐ Arrival ☐ Clear ☐	☐		☐ Suppression ☐ EMS ☐ Other	
3	ID: Type:	Dispatch ☐ Arrival ☐ Clear ☐	☐		☐ Suppression ☐ EMS ☐ Other	
4	ID: Type:	Dispatch ☐ Arrival ☐ Clear ☐	☐		☐ Suppression ☐ EMS ☐ Other	
5	ID: Type:	Dispatch ☐ Arrival ☐ Clear ☐	☐		☐ Suppression ☐ EMS ☐ Other	
6	ID: Type:	Dispatch ☐ Arrival ☐ Clear ☐	☐		☐ Suppression ☐ EMS ☐ Other	
7	ID: Type:	Dispatch ☐ Arrival ☐ Clear ☐	☐		☐ Suppression ☐ EMS ☐ Other	
8	ID: Type:	Dispatch ☐ Arrival ☐ Clear ☐	☐		☐ Suppression ☐ EMS ☐ Other	
9	ID: Type:	Dispatch ☐ Arrival ☐ Clear ☐	☐		☐ Suppression ☐ EMS ☐ Other	

Type of Apparatus or Resources

Ground Fire Suppression
- 11 Engine
- 12 Truck or aerial
- 13 Quint
- 14 Tanker & pumper combination
- 16 Brush truck
- 17 ARF (Aircraft Rescue and Firefighting)
- 10 Ground fire suppression, other

Heavy Ground Equipment
- 21 Dozer or plow
- 22 Tractor
- 24 Tanker or tender
- 20 Heavy equipment, other

Aircraft
- 41 Aircraft: fixed wing tanker
- 42 Helitanker
- 43 Helicopter
- 40 Aircraft, other

Marine Equipment
- 51 Fire boat with pump
- 52 Boat, no pump
- 50 Marine apparatus, other

Support Equipment
- 61 Breathing apparatus support
- 62 Light and air unit
- 60 Support apparatus, other

Medical & Rescue
- 71 Rescue unit
- 72 Urban Search & rescue unit
- 73 High angle rescue unit
- 75 BLS unit
- 76 ALS unit
- 70 Medical and rescue unit,other

More Apparatus? Use Additional Sheets

Other
- 91 Mobile command post
- 92 Chief officer car
- 93 HazMat unit
- 94 Type 1 hand crew
- 95 Type 2 hand crew
- 99 Privately owned vehicle
- 00 Other apparatus/resource

- NN None
- UU Undetermined

NFIRS-9 Revision 11/17/98

NFIRS -1 Basic

A — FDID * 07130 | State * NJ | Incident Date * MM 01 DD 31 YYYY 2014 | Station HQ | Incident Number * 14-0000233 | Exposure * 000 | ☐ Delete ☐ Change ☐ No Activity

B Location*

☐ Check this box to Indicate that the address for this incident is provided on the Wildland Fire Module In Section B "Alternative Location Specification". Use only for Wildland fires.

Census Tract ____ - ____

☒ Street address
☐ Intersection
☐ In front of
☐ Rear of
☐ Adjacent to
☐ Directions

Number/Milepost: 190 | Prefix: | Street or Highway: BLOOMFIELD AVE | Street Type: | Suffix:

Apt./Suite/Room: | City: MONTCLAIR | State: NJ | Zip Code: 07042 - ____

Cross street or directions, as applicable:

C Incident Type *

113 | Cooking fire, confined to

Incident Type

D Aid Given or Received*

1 ☐ Mutual aid received
2 ☐ Automatic aid recv.
3 ☐ Mutual aid given
4 ☐ Automatic aid given
5 ☐ Other aid given
N ☒ None

Their FDID: | Their State: | Their Incident Number:

E1 Date & Times

Midnight is 0000

Check boxes if dates are the same as Alarm Date.

	Month	Day	Year	Hr Min Sec
ALARM always required — Alarm *	01	31	2014	20:36:00
ARRIVAL required, unless canceled or did not arrive — ☒ Arrival *	01	31	2014	20:37:00
CONTROLLED Optional, Except for wildland fires — ☐ Controlled				
LAST UNIT CLEARED, required except for wildland fires — ☒ Last Unit Cleared	01	31	2014	20:42:00

E2 Shift & Alarms

Local Option

Shift or Platoon: 2 | Alarms: | District: 1

E3 Special Studies

Local Option

Special Study ID#: | Special Study Value:

F Actions Taken*

86 | Investigate — Primary Action Taken (1)

51 | Ventilate — Additional Action Taken (2)

Additional Action Taken (3)

G1 Resources*

☒ Check this box and skip this section if an Apparatus or Personnel form is used.

	Apparatus	Personnel
Suppression	0006	0016
EMS		
Other		

☐ Check box if resource counts include aid received resources.

G2 Estimated Dollar Losses & Values

LOSSES: Required for all fires if known. Optional for non fires.

		None
Property $ ____ , 000 , 000		☒
Contents $ ____ , 000 , 000		☒

PRE-INCIDENT VALUE: Optional

Property $ ____ , 000 , 000	☐
Contents $ ____ , 000 , 000	☐

Completed Modules

☐ Fire-2
☐ Structure-3
☐ Civil Fire Cas.-4
☐ Fire Serv. Cas.-5
☐ EMS-6
☐ HazMat-7
☐ Wildland Fire-8
☐ Apparatus-9
☐ Personnel-10
☐ Arson-11

H1 Casualties* ☐ None

	Deaths	Injuries
Fire Service		
Civilian		

H2 Detector

Required for Confined Fires.

1 ☒ Detector alerted occupants
2 ☐ Detector did not alert them
U ☐ Unknown

H3 Hazardous Materials Release

N ☐ None
1 ☐ Natural Gas: slow leak, no evacuation or HazMat actions
2 ☐ Propane gas: <21 lb. tank (as in home BBQ grill)
3 ☐ Gasoline: vehicle fuel tank or portable container
4 ☐ Kerosene: fuel burning equipment or portable storage
5 ☐ Diesel fuel/fuel oil: vehicle fuel tank or portable
6 ☐ Household solvents: home/office spill, cleanup only
7 ☐ Motor oil: from engine or portable container
8 ☐ Paint: from paint cans totaling < 55 gallons
0 ☐ Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form

I Mixed Use Property

NN ☐ Not Mixed
10 ☐ Assembly use
20 ☐ Education use
33 ☐ Medical use
40 ☐ Residential use
51 ☐ Row of stores
53 ☐ Enclosed mall
58 ☐ Bus. & Residential
59 ☐ Office use
60 ☐ Industrial use
63 ☐ Military use
65 ☐ Farm use
00 ☐ Other mixed use

J Property Use* Structures

131 ☐ Church, place of worship
161 ☐ Restaurant or cafeteria
162 ☐ Bar/Tavern or nightclub
213 ☐ Elementary school or kindergarten
215 ☐ High school or junior high
241 ☐ College, adult education
311 ☐ Care facility for the aged
331 ☐ Hospital
341 ☐ Clinic,clinic type infirmary
342 ☐ Doctor/dentist office
361 ☐ Prison or jail, not juvenile
419 ☐ 1-or 2-family dwelling
429 ☒ Multi-family dwelling
439 ☐ Rooming/boarding house
449 ☐ Commercial hotel or motel
459 ☐ Residential, board and care
464 ☐ Dormitory/barracks
519 ☐ Food and beverage sales
539 ☐ Household goods,sales,repairs
579 ☐ Motor vehicle/boat sales/repair
571 ☐ Gas or service station
599 ☐ Business office
615 ☐ Electric generating plant
629 ☐ Laboratory/science lab
700 ☐ Manufacturing plant
819 ☐ Livestock/poultry storage(barn)
882 ☐ Non-residential parking garage
891 ☐ Warehouse

Outside

124 ☐ Playground or park
655 ☐ Crops or orchard
669 ☐ Forest (timberland)
807 ☐ Outdoor storage area
919 ☐ Dump or sanitary landfill
931 ☐ Open land or field
936 ☐ Vacant lot
938 ☐ Graded/care for plot of land
946 ☐ Lake, river, stream
951 ☐ Railroad right of way
960 ☐ Other street
961 ☐ Highway/divided highway
962 ☐ Residential street/driveway
981 ☐ Construction site
984 ☐ Industrial plant yard

Lookup and enter a Property Use code only if you have NOT checked a Property Use box:

Property Use: 429

Multifamily dwelling

NFIRS-1 Revision 03/11/99

FDID *	State *	MM Incident Date *	DD	YYYY	Station	Incident Number *	Exposure *	Complete Narrative
07130	NJ	1	31	2014	HQ	14-0000233	000	

Narrative:

unattended cooking caused smoke condition through apartment building
4 story ordinary

A

FDID *	State *	Incident Date * (MM / DD / YYYY)	Station	Incident Number *	Exposure *	Delete / Change	NFIRS - 9 Apparatus or Resources
07130	NJ	1 / 31 / 2014	HQ	14-0000233	000	☐ Delete ☐ Change	

B

Apparatus or * Resource	Date and Times (Check if same as alarm date)	Sent [X]	Number of * People	Use (Check ONE box for each apparatus to indicate its main use at the incident.)	Actions Taken
1 ID CAR4 Type 92	Dispatch ☐ 1/31/2014 20:36 Arrival ☐ 1/31/2014 20:37 Clear ☒ 1/31/2014 20:42	X	1	☒ Suppression ☐ EMS ☐ Other	
2 ID E1 Type 11	Dispatch ☐ 1/31/2014 20:36 Arrival ☐ 1/31/2014 20:37 Clear ☒ 1/31/2014 20:42	X	3	☒ Suppression ☐ EMS ☐ Other	
3 ID E2 Type 11	Dispatch ☐ 1/31/2014 20:36 Arrival ☐ Clear ☒ 1/31/2014 20:39	X	3	☒ Suppression ☐ EMS ☐ Other	93
4 ID E3 Type 11	Dispatch ☐ 1/31/2014 20:36 Arrival ☐ 1/31/2014 20:39 Clear ☒ 1/31/2014 20:40	X	3	☒ Suppression ☐ EMS ☐ Other	
5 ID T1 Type 13	Dispatch ☐ 1/31/2014 20:36 Arrival ☐ 1/31/2014 20:38 Clear ☒ 1/31/2014 20:42	X	3	☒ Suppression ☐ EMS ☐ Other	
6 ID T2 Type 13	Dispatch ☐ 1/31/2014 20:36 Arrival ☐ Clear ☒ 1/31/2014 20:39	X	3	☒ Suppression ☐ EMS ☐ Other	93
7 ID Type	Dispatch ☐ Arrival ☐ Clear ☐	☐		☐ Suppression ☐ EMS ☐ Other	
8 ID Type	Dispatch ☐ Arrival ☐ Clear ☐	☐		☐ Suppression ☒ EMS ☐ Other	
9 ID Type	Dispatch ☐ Arrival ☐ Clear ☐	☐		☐ Suppression ☐ EMS ☐ Other	

Type of Apparatus or Resources

Ground Fire Suppression
- 11 Engine
- 12 Truck or aerial
- 13 Quint
- 14 Tanker & pumper combination
- 16 Brush truck
- 17 ARF (Aircraft Rescue and Firefighting)
- 10 Ground fire suppression, other

Heavy Ground Equipment
- 21 Dozer or plow
- 22 Tractor
- 24 Tanker or tender
- 20 Heavy equipment, other

Aircraft
- 41 Aircraft: fixed wing tanker
- 42 Helitanker
- 43 Helicopter
- 40 Aircraft, other

Marine Equipment
- 51 Fire boat with pump
- 52 Boat, no pump
- 50 Marine apparatus, other

Support Equipment
- 61 Breathing apparatus support
- 62 Light and air unit
- 60 Support apparatus, other

Medical & Rescue
- 71 Rescue unit
- 72 Urban Search & rescue unit
- 73 High angle rescue unit
- 75 BLS unit
- 76 ALS unit
- 70 Medical and rescue unit,other

More Apparatus? Use Additional Sheets

Other
- 91 Mobile command post
- 92 Chief officer car
- 93 HazMat unit
- 94 Type 1 hand crew
- 95 Type 2 hand crew
- 99 Privately owned vehicle
- 00 Other apparatus/resource

- NN None
- UU Undetermined

NFIRS-9 Revision 11/17/98

A

FDID *	State *	MM Incident Date *	DD Incident Date *	YYYY Incident Date *	Station	Incident Number *	Exposure *
07130	NJ	06	16	2013	HQ	13-0000957	000

☐ Delete ☐ Change ☐ No Activity

NFIRS -1 Basic

B Location *

☐ Check this box to Indicate that the address for this incident is provided on the Wildland Fire Module In Section B "Alternative Location Specification". Use only for Wildland fires.

Census Tract ____ - ____

☒ Street address
☐ Intersection
☐ In front of
☐ Rear of
☐ Adjacent to
☐ Directions

Number/Milepost	Prefix	Street or Highway	Street Type	Suffix
190		BLOOMFIELD AVE		

Apt./Suite/Room	City	State	Zip Code
	MONTCLAIR	NJ	07042 -

Cross street or directions, as applicable

C Incident Type *

440 | Electrical wiring/equipment

Incident Type

D Aid Given or Received *

1 ☐ Mutual aid received
2 ☐ Automatic aid recv.
3 ☐ Mutual aid given
4 ☐ Automatic aid given
5 ☐ Other aid given
N ☒ None

Their FDID | Their State

Their Incident Number

E1 Date & Times

Midnight is 0000

Check boxes if dates are the same as Alarm Date.

	Month	Day	Year	Hr Min Sec
ALARM always required				
Alarm *	06	16	2013	16:33:00
ARRIVAL required, unless canceled or did not arrive				
☒ Arrival *	06	16	2013	16:37:00
CONTROLLED Optional, Except for wildland fires				
☐ Controlled				
LAST UNIT CLEARED, required except for wildland fires				
☒ Last Unit Cleared	06	16	2013	17:04:00

E2 Shift & Alarms

Local Option

Shift or Platoon	Alarms	District
1		1

E3 Special Studies

Local Option

Special Study ID# | Special Study Value

F Actions Taken *

86 | Investigate

Primary Action Taken (1)

Additional Action Taken (2)

Additional Action Taken (3)

G1 Resources *

☒ Check this box and skip this section if an Apparatus or Personnel form is used.

	Apparatus	Personnel
Suppression	0002	0006
EMS		
Other		

☐ Check box if resource counts include aid received resources.

G2 Estimated Dollar Losses & Values

LOSSES: Required for all fires if known. Optional for non fires.

		None
Property	$, 000 , 000	☐
Contents	$, 000 , 000	☐

PRE-INCIDENT VALUE: Optional

Property	$, 000 , 000	☐
Contents	$, 000 , 000	☐

Completed Modules

☐ Fire-2
☐ Structure-3
☐ Civil Fire Cas.-4
☐ Fire Serv. Cas.-5
☐ EMS-6
☐ HazMat-7
☐ Wildland Fire-8
☐ Apparatus-9
☐ Personnel-10
☐ Arson-11

H1 * Casualties ☐ None

	Deaths	Injuries
Fire Service		
Civilian		

H2 Detector

Required for Confined Fires.

1 ☐ Detector alerted occupants
2 ☐ Detector did not alert them
U ☐ Unknown

H3 Hazardous Materials Release

N ☐ None
1 ☐ Natural Gas: slow leak, no evauation or HazMat actions
2 ☐ Propane gas: <21 lb. tank (as in home BBQ grill)
3 ☐ Gasoline: vehicle fuel tank or portable container
4 ☐ Kerosene: fuel burning equipment or portable storage
5 ☐ Diesel fuel/fuel oil: vehicle fuel tank or portable
6 ☐ Household solvents: home/office spill, cleanup only
7 ☐ Motor oil: from engine or portable container
8 ☐ Paint: from paint cans totaling < 55 gallons
0 ☐ Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form

I Mixed Use Property

NN ☐ Not Mixed
10 ☐ Assembly use
20 ☐ Education use
33 ☐ Medical use
40 ☐ Residential use
51 ☐ Row of stores
53 ☐ Enclosed mall
58 ☐ Bus. & Residential
59 ☐ Office use
60 ☐ Industrial use
63 ☐ Military use
65 ☐ Farm use
00 ☐ Other mixed use

J Property Use * Structures

131 ☐ Church, place of worship
161 ☐ Restaurant or cafeteria
162 ☐ Bar/Tavern or nightclub
213 ☐ Elementary school or kindergarten
215 ☐ High school or junior high
241 ☐ College, adult education
311 ☐ Care facility for the aged
331 ☐ Hospital
341 ☐ Clinic,clinic type infirmary
342 ☐ Doctor/dentist office
361 ☐ Prison or jail, not juvenile
419 ☐ 1-or 2-family dwelling
429 ☒ Multi-family dwelling
439 ☐ Rooming/boarding house
449 ☐ Commercial hotel or motel
459 ☐ Residential, board and care
464 ☐ Dormitory/barracks
519 ☐ Food and beverage sales
539 ☐ Household goods,sales,repairs
579 ☐ Motor vehicle/boat sales/repair
571 ☐ Gas or service station
599 ☐ Business office
615 ☐ Electric generating plant
629 ☐ Laboratory/science lab
700 ☐ Manufacturing plant
819 ☐ Livestock/poultry storage(barn)
882 ☐ Non-residential parking garage
891 ☐ Warehouse

Outside

124 ☐ Playground or park
655 ☐ Crops or orchard
669 ☐ Forest (timberland)
807 ☐ Outdoor storage area
919 ☐ Dump or sanitary landfill
931 ☐ Open land or field
936 ☐ Vacant lot
938 ☐ Graded/care for plot of land
946 ☐ Lake, river, stream
951 ☐ Railroad right of way
960 ☐ Other street
961 ☐ Highway/divided highway
962 ☐ Residential street/driveway
981 ☐ Construction site
984 ☐ Industrial plant yard

Lookup and enter a Property Use code only if you have NOT checked a Property Use box:

Property Use 429

Multifamily dwelling

NFIRS-1 Revision 03/11/99

FDID *	State *	MM Incident Date *	DD Incident Date *	YYYY Incident Date *	Station	Incident Number *	Exposure *	
07130	NJ	6	16	2013	HQ	13-0000957	000	Complete Narrative

Narrative:

loc-190 Bloomfield Ave. Apt. 9
owner-Ho Tan [redacted]
type- 3 story ordinary
cause- defective stove
dam.-none by fire

note: advised tenant to have stove serviced

A

FDID *	State *	Incident Date * (MM / DD / YYYY)	Station	Incident Number *	Exposure *	Delete / Change	NFIRS - 9 Apparatus or Resources
07130	NJ	6 / 16 / 2013	HQ	13-0000957	000	☐ Delete ☐ Change	

B Apparatus or * Resource	Date and Times (Check if same as alarm date)	Sent [X]	Number of * People	Use (Check ONE box for each apparatus to indicate its main use at the incident.)	Actions Taken
1 ID: E1 Type: 11	Dispatch ☐ 6 16 2013 16:33 Arrival ☐ Clear ☒ 6 16 2013 17:04	X	3	☒ Suppression ☐ EMS ☐ Other	93
2 ID: T1 Type: 13	Dispatch ☐ 6 16 2013 16:33 Arrival ☐ 6 16 2013 16:37 Clear ☒ 6 16 2013 17:04	X	3	☒ Suppression ☐ EMS ☐ Other	
3 ID: Type:	Dispatch ☐ Arrival ☐ Clear ☐			☐ Suppression ☐ EMS ☐ Other	
4 ID: Type:	Dispatch ☐ Arrival ☐ Clear ☐			☐ Suppression ☐ EMS ☐ Other	
5 ID: Type:	Dispatch ☐ Arrival ☐ Clear ☐			☐ Suppression ☐ EMS ☐ Other	
6 ID: Type:	Dispatch ☐ Arrival ☐ Clear ☐			☐ Suppression ☐ EMS ☐ Other	
7 ID: Type:	Dispatch ☐ Arrival ☐ Clear ☐			☐ Suppression ☐ EMS ☐ Other	
8 ID: Type:	Dispatch ☐ Arrival ☐ Clear ☐			☐ Suppression ☐ EMS ☐ Other	
9 ID: Type:	Dispatch ☐ Arrival ☐ Clear ☐			☐ Suppression ☐ EMS ☐ Other	

Type of Apparatus or Resources

Ground Fire Suppression
- 11 Engine
- 12 Truck or aerial
- 13 Quint
- 14 Tanker & pumper combination
- 16 Brush truck
- 17 ARF (Aircraft Rescue and Firefighting)
- 10 Ground fire suppression, other

Heavy Ground Equipment
- 21 Dozer or plow
- 22 Tractor
- 24 Tanker or tender
- 20 Heavy equipment, other

Aircraft
- 41 Aircraft: fixed wing tanker
- 42 Helitanker
- 43 Helicopter
- 40 Aircraft, other

Marine Equipment
- 51 Fire boat with pump
- 52 Boat, no pump
- 50 Marine apparatus, other

Support Equipment
- 61 Breathing apparatus support
- 62 Light and air unit
- 60 Support apparatus, other

Medical & Rescue
- 71 Rescue unit
- 72 Urban Search & rescue unit
- 73 High angle rescue unit
- 75 BLS unit
- 76 ALS unit
- 70 Medical and rescue unit,other

More Apparatus? Use Additional Sheets

Other
- 91 Mobile command post
- 92 Chief officer car
- 93 HazMat unit
- 94 Type 1 hand crew
- 95 Type 2 hand crew
- 99 Privately owned vehicle
- 00 Other apparatus/resource

- NN None
- UU Undetermined

NFIRS-9 Revision 11/17/98

Montclair Fire Department
Inspection History Record

Business Name: LOS HERMANOS MEXICAN GRILL **Occup ID:**190BLOOMFAV3

Address: 190 BLOOMFIELD AVE

Notes:

Date	Type	Inspector
04/05/2022	IS - IN-SERVICE INSPECTION	R. CATANIA
01/13/2022	PHOOD - PERMIT - HOOD INSPECTION	T. WALKER
	Best Commercial Hood Cleaning	
03/04/2021	PHODR - PERMIT - HOOD REINSPECTION	T. WALKER
02/04/2021	IS - IN-SERVICE INSPECTION	T. WALKER

INSPECTOR NOTES: OWNER WAS ADVISED TO HAVE EXTINGUISHERS SERVICED BY A PROFESSIONAL COMPANY AND FORWARD DOCUMENTS TO MONTCLAIR FIRE PREVENTION

Portable fire extinguishers shall be selected, installed and maintained in accordance with this section and NFPA 10.

906.5 Portable fire extinguishers shall be located in conspicuous locations where they will be readily accessible and immediately available for use. These locations shall be along normal paths of travel, unless the fire code official determines that the hazard posed indicates the need for placement away from normal paths of travel.

906.6 Portable fire extinguishers shall not be obstructed or obscured from view. In rooms or areas where visual obstruction cannot be completely avoided, means shall be provided to indicate the locations of extinguishers.

906.7 Hand-held portable fie extinguishers, not housed in cabinets, shall be installed on the hangers or brackets supplied. Hangers or brackets shall be securely anchored to the mounting surface in accordance with the manufacturer's installation instructions. Repaired 3/4/2021

INSPECTOR NOTES: OWNER WAS ADVISED TO HAVE SUPPRESSION SYSTEM SERVICED BY A PROFESSIONAL COMPANY AND FORWARD DOCUMENTS TO MONTCLAIR FIRE PREVENTION

Automatic fire extinguisher systems protecting commercial cooking systems including mobile enclosed operations shall be maintained in accordance with Section 904.12.6.1 through 904.12.6.3

904.12.6.1 Existing Automatic Fire-Extinguishing Systems
Where changes in the cooking media, positioning of cooking equipment or replacement of cooking equipment occur in existing commercial cooking systems, the automatic fire-extinguishing system shall be required to comply with the applicable provisions of Sections 904.12 through 904.12.4.

904.12.6.2 Extinguishing System Service
Automatic fire-extinguishing systems shall be serviced at least every six months and after activation of the system. Inspection shall be by qualified individuals, and a certificate of inspection shall be forwarded to the fire code official upon completion.

904.12.6.3 Fusible Link and Sprinkler Head Replacement
Fusible links and automatic sprinkler heads shall be replaced at least annually, and other protection devices shall be serviced or replaced in accordance with the manufacturer's instructions.
Exception: Frangible bulbs are not required to be replaced annually. Repaired 3/4/2021

01/23/2020	LHU - LHU INSPECTION	I. MUENCH-PURYEAR

VIOLATION FOUND: CERTIFICATE OF ANNUAL FIRE ALARM TESTING SHALL BE KEPT ON SITE AND PRESENTED TO THE FIRE OFFICIAL UPON REQUEST. ANNUAL ALARM TESTING AND MAINTENANCE IS REQUIRED.

All single- and multi-station smoke detectors shall be maintained, periodically inspected and tested in accordance with NFPA 72 and

Montclair Fire Department
Inspection History Record

Business Name: LOS HERMANOS MEXICAN GRILL **Occup ID:**190BLOOMFAV3

Address: 190 BLOOMFIELD AVE

Notes:

Date	Type	Inspector

Sections 907.21.1 and 907.21.2 Repaired 2/14/2020

VIOLATION FOUND: EMERGENCY LIGHT IN REAR HALLWAY IS OBSTRUCTED. STORAGE SHALL BE REMOVED FOR CLEARANCE OF EMERGENCY LIGHT.

The means of egress, including the discharge, shall by illuminated at all times the building space served by the means of egress is occupied.

Exceptions:

1. Occupancies in Group U.

2. Aisle accessways in Group A.

3. Dwelling units and sleeping units. Repaired 2/14/2020

VIOLATION FOUND: EXIT SIGN IN REAR HALLWAY IS OBSTRUCTED. STORAGE SHALL BE REMOVED FOR CLEARANCE OF EXIT SIGN.

All means of egress shall be indicated with approved "EXIT" signs where required by the construction code in effect at the time of first occupancy or N.J.A.C. 5:70-4 et seq., as applicable. All "EXIT" signs shall be maintained visible, and all illuminated exit signs shall be illuminated at all times the structure is occupied. Supplemental internally illuminated directional signs, when necessary shall be installed in accordance with the technical requirements of the UNIFORM CONSTRUCTION CODE indicating the direction and way of egress. Repaired 2/14/2020

VIOLATION FOUND: REAR EGRESS HALLWAY IS REDUCED BY OBSTRUCTIONS. STORAGE SHALL BE REMOVED TO A LEVEL THAT MEETS CODE REQUIREMENTS FOR EGRESS CAPACITY.

An exit shall not be used for any purpose that interferes with its function as a means of egress.
Once a given level of exit protection is achieved, such level of protection shall not be reduced until arrival at the exit discharge. Repaired 2/14/2020

VIOLATION FOUND: PLANTERS OUTSIDE THE FRONT DOOR ARE OBSTRUCTING A STRAIGHT EGRESS PATH FROM THE BUILDING. SAID OBSTRUCTIONS SHALL BE REMOVED OR POSITIONED AT A DISTANCE THAT DOES NOT INTERFERE WITH THE EGRESS PATH.

Furnishings, decorations or other objects shall not be placed so as to obstruct exits, access thereto, egress therefrom, or visibility thereof. Hangings and draperies shall not be placed over exit doors or otherwise be located to conceal or obstruct an exit. Mirrors shall not be placed on exit doors. Mirrors shall not be placed in or adjacent to any exit in such a manner as to confuse the direction of exit. Repaired 2/14/2020

01/07/2020	RIMS - RIMS UPDATE	J. THOMAS
	added into RIMS 659902	

08/01/2019	IS - IN-SERVICE INSPECTION	J. CONWAY
	This property has a new business called Elyssias Kitchen. It is a restaurant that has a hood suppression system. Spoke with FO Thomas and he said to pass up to him to handle inspection. We did not complete inspection. Sent email to FO Thomas as a reminder.	

05/22/2018	IS - IN-SERVICE INSPECTION	J. GRAPES

Montclair Fire Department
Inspection History Record

Business Name: LOS HERMANOS MEXICAN GRILL **Occup ID:**190BLOOMFAV3

Address: 190 BLOOMFIELD AVE

Notes:

Date	Type	Inspector
03/20/2017	IS - IN-SERVICE INSPECTION	J. GRAPES
VACANT		
06/21/2016	IS - IN-SERVICE INSPECTION	M. BAILEY
04/28/2015	IS - IN-SERVICE INSPECTION	M. BAILEY
06/12/2014	IS - IN-SERVICE INSPECTION	M. BAILEY
09/20/2013	IS - IN-SERVICE INSPECTION	S. MARSHALLECK
OOB on this date 9/20/13		

PHOOD - PERMIT - HOOD INSPECTION — T. WALKER

This inspection record was auto-generated by the system.

Recheck violation record auto-generated from inspection on 02/05/2021.
INSPECTOR NOTES: OWNER WAS ADVISED TO HAVE HOOD SERVICED BY A PROFESSIONAL COMPANY AND FORWARD DOCUMENTS TO MONTCLAIR FIRE PREVENTION

Commercial kitchen exhaust hoods including those in mobile enclosed units shall be maintained in accordance with the requirements of the mechanical subcode of the Uniform Construction Code and NFPA 96. ***Not Repaired ***

Recheck violation record auto-generated from inspection on 02/04/2021.
INSPECTOR NOTES: OWNER WAS ADVISED TO HAVE SUPPRESSION SYSTEM SERVICED BY A PROFESSIONAL COMPANY AND FORWARD DOCUMENTS TO MONTCLAIR FIRE PREVENTION

Automatic fire extinguisher systems protecting commercial cooking systems including mobile enclosed operations shall be maintained in accordance with Section 904.12.6.1 through 904.12.6.3

904.12.6.1 Existing Automatic Fire-Extinguishing Systems
Where changes in the cooking media, positioning of cooking equipment or replacement of cooking equipment occur in existing commercial cooking systems, the automatic fire-extinguishing system shall be required to comply with the applicable provisions of Sections 904.12 through 904.12.4.

904.12.6.2 Extinguishing System Service
Automatic fire-extinguishing systems shall be serviced at least every six months and after activation of the system. Inspection shall be by qualified individuals, and a certificate of inspection shall be forwarded to the fire code official upon completion.

904.12.6.3 Fusible Link and Sprinkler Head Replacement
Fusible links and automatic sprinkler heads shall be replaced at least annually, and other protection devices shall be serviced or replaced in accordance with the manufacturer's instructions.
Exception: Frangible bulbs are not required to be replaced annually. Repaired 3/4/2021

Recheck violation record auto-generated from inspection on 02/04/2021.
INSPECTOR NOTES: OWNER WAS ADVISED TO HAVE EXTINGUISHERS SERVICED BY A PROFESSIONAL COMPANY AND FORWARD DOCUMENTS TO MONTCLAIR FIRE PREVENTION

Portable fire extinguishers shall be selected, installed and maintained in accordance with this section and NFPA 10.

906.5 Portable fire extinguishers shall be located in conspicuous locations where they will be readily accessible and immediately

Montclair Fire Department
Inspection History Record

Business Name: LOS HERMANOS MEXICAN GRILL **Occup ID:**190BLOOMFAV3

Address: 190 BLOOMFIELD AVE

Notes:

Date	Type	Inspector

available for use. These locations shall be along normal paths of travel, unless the fire code official determines that the hazard posed indicates the need for placement away from normal paths of travel.

906.6 Portable fire extinguishers shall not be obstructed or obscured from view. In rooms or areas where visual obstruction cannot be completely avoided, means shall be provided to indicate the locations of extinguishers.

906.7 Hand-held portable fie extinguishers, not housed in cabinets, shall be installed on the hangers or brackets supplied. Hangers or brackets shall be securely anchored to the mounting surface in accordance with the manufacturer's installation instructions. Repaired 3/4/2021

Recheck violation record auto-generated from inspection on 02/04/2021.
INSPECTOR NOTES: OWNER WAS ADVISED TO HAVE SUPPRESSION SYSTEM SERVICED BY A PROFESSIONAL COMPANY AND FORWARD DOCUMENTS TO MONTCLAIR FIRE PREVENTION

Automatic fire extinguisher systems protecting commercial cooking systems including mobile enclosed operations shall be maintained in accordance with Section 904.12.6.1 through 904.12.6.3

904.12.6.1 Existing Automatic Fire-Extinguishing Systems
Where changes in the cooking media, positioning of cooking equipment or replacement of cooking equipment occur in existing commercial cooking systems, the automatic fire-extinguishing system shall be required to comply with the applicable provisions of Sections 904.12 through 904.12.4.

904.12.6.2 Extinguishing System Service
Automatic fire-extinguishing systems shall be serviced at least every six months and after activation of the system. Inspection shall be by qualified individuals, and a certificate of inspection shall be forwarded to the fire code official upon completion.

904.12.6.3 Fusible Link and Sprinkler Head Replacement
Fusible links and automatic sprinkler heads shall be replaced at least annually, and other protection devices shall be serviced or replaced in accordance with the manufacturer's instructions.
Exception: Frangible bulbs are not required to be replaced annually. ***Not Repaired ***

Montclair Fire Department
Inspection History Record

Business Name: SNS Manicure Pedicure **Occup ID:**190BLOOMFAV2

Address: 190 BLOOMFIELD AVE

Notes: VACANT 11/24/2003

Date	Type	Inspector
06/30/2022	IS - IN-SERVICE INSPECTION	J. CONWAY
07/09/2021	IS - IN-SERVICE INSPECTION	J. CONWAY
07/24/2019	IS - IN-SERVICE INSPECTION	J. CONWAY
05/22/2018	IS - IN-SERVICE INSPECTION	J. GRAPES
03/20/2017	IS - IN-SERVICE INSPECTION	J. GRAPES
	New Business: SNS Manicure Pedicure Exit signs are not clearly seen and lighted.	
06/21/2016	IS - IN-SERVICE INSPECTION	M. BAILEY
04/16/2015	IS - IN-SERVICE INSPECTION	M. BAILEY
06/12/2014	IS - IN-SERVICE INSPECTION	M. BAILEY
11/07/2013	IS - IN-SERVICE INSPECTION	S. MARSHALLECK
	Vacant on 11/7/13	

Montclair Fire Department
Inspection History Record

Business Name: Mexicana Travel and Grocery **Occup ID:**190BLOOMFAV1

Address: 190A BLOOMFIELD AVE

Notes:

Date	Type	Inspector
06/30/2022	IS - IN-SERVICE INSPECTION	J. CONWAY
07/13/2021	IS - IN-SERVICE INSPECTION	J. CONWAY
07/24/2019	IS - IN-SERVICE INSPECTION	J. CONWAY
05/22/2018	IS - IN-SERVICE INSPECTION	J. GRAPES
03/20/2017	IS - IN-SERVICE INSPECTION	J. GRAPES
	New business: Mexicana Travel and Grocery	
04/26/2016	IS - IN-SERVICE INSPECTION	M. BAILEY
	NON-PAYMENT OF PENALTIES...OUT OF BUSINESS	
	FAILURE TO PAY FEES FOR ANNUAL ON-SITE INSPECTIONS (TOWNSHIP ORDINANCE 153.11.1) SEE INVOICE ATTACHED FOR PAYMENT.	
	Any person who is required by the terms of this chapter to comply with any order of the Fire Chief made pursuant to the provisions of this chapter and fails or neglects to comply with same shall be deemed to have violated the provisions of the chapter and to be liable to the penalty provisions of 153-12 hereof. Repaired 4/11/2017	
	Any person who violates any provision of this chapter shall, upon conviction thereof, be punished by a fine not exceeding $2,000.00, imprisonment in the county/municipal jail for a term not exceeding 90 days, or a period of community service not exceeding 90 days, or any combination thereof as determined by the Municipal Court Judge. Each day on which a violation of an ordinance exists shall be considered a separate and distinct violation and shall be subject to imposition of a separate penalty for each day of the violation as the Municipal Court Judge may determine. Repaired 4/11/2017	
04/28/2015	IS - IN-SERVICE INSPECTION	M. BAILEY
10/30/2014	IS - IN-SERVICE INSPECTION	M. BAILEY
11/07/2013	IS - IN-SERVICE INSPECTION	C. DAVINO

Montclair Fire Department
Inspection History Record

Business Name: ROUGE NAILS **Occup ID:**190ABLOMFAVE

Address: 190 A BLOOMFIELD AVE

Notes:

Date	Type	Inspector
11/10/2016	IS - IN-SERVICE INSPECTION	I. MUENCH-PURYEAR

Montclair Fire Department
Inspection History Record

Business Name: Mexicana Travel and Grocery **Occup ID:**190BLOOMFAV1

Address: 190A BLOOMFIELD AVE

Notes:

Date	Type	Inspector
06/19/2012	203 - INSPECTION - In-Service	M. DIGERONIMO
08/20/2010	203 - INSPECTION - In-Service	K. DYER
STILL VACANT		

Montclair Fire Department
Inspection History Record

Business Name: SNS Manicure Pedicure **Occup ID:**190BLOOMFAV2

Address: 190 BLOOMFIELD AVE

Notes: VACANT 11/24/2003

Date	Type	Inspector
06/19/2012	203 - INSPECTION - In-Service	M. DIGERONIMO

Montclair Fire Department
Inspection History Record

Business Name: Elyssias Kitchen **Occup ID:**190BLOOMFAV3

Address: 190 BLOOMFIELD AVE

Notes:

THIS IS A NEW BUSINESS. SHOP IS STILL UNDERGOING REMODELING & NOT YET OPEN FOR BUSINESS AS OF INSPECTION DATE

Date	Type	Inspector
06/19/2012	203 - INSPECTION - In-Service	M. DIGERONIMO
09/29/2010	203 - INSPECTION - In-Service	K. DYER

SHOP IS NOT YET OPEN FOR BUSINESS ON DATE OF INSPECTION

Montclair Fire Department
Inspection History Record

Business Name: Mexicana Travel and Grocery **Occup ID:**190BLOOMFAV1

Address: 190A BLOOMFIELD AVE

Notes:

Date	Type	Inspector
11/13/2009	203 - INSPECTION - In-Service	M. BAILEY
01/08/2007	203 - INSPECTION - In-Service	J. BURKE
07/10/2004	203 - INSPECTION - In-Service	D. OAKES

Montclair Fire Department
Inspection History Record

Business Name: SNS Manicure Pedicure **Occup ID:**190BLOOMFAV2

Address: 190 BLOOMFIELD AVE

Notes: VACANT 11/24/2003

Date	Type	Inspector
11/13/2009	203 - INSPECTION - In-Service	M. BAILEY
12/22/2006	203 - INSPECTION - In-Service	J. COFFIN
11/24/2003	230 - INSPECTION - Building	J. COFFIN

Montclair Fire Department
Inspection History Record

Business Name: VACANT **Occup ID:**190BLOOMFAV3

Address: 190 BLOOMFIELD AVE

Notes:

THIS IS A NEW BUSINESS. SHOP IS STILL UNDERGOING REMODELING & NOT YET OPEN FOR BUSINESS AS OF INSPECTION DATE

Date	Type	Inspector
11/13/2009	203 - INSPECTION - In-Service	M. BAILEY
01/08/2007	203 - INSPECTION - In-Service	J. BURKE
07/10/2004	203 - INSPECTION - In-Service	D. OAKES

Montclair Fire Department
Inspection History Record

Business Name: 190 BLOOMFIELD AVE **Occup ID:**6028

Address: 190 BLOOMFIELD AVE

Notes:

Date	Type	Inspector
02/07/2008	200 - INSPECTION - General	C. LIGE

This inspection record was auto-generated by the system.

Recheck violation record auto-generated from inspection on 01/08/2008.
Exit signs in common areas needs repair.

All means of egress shall be indicated with approved "Exit" signs where required by the construction code in effect at the time of first occupancy. All "Exit" signs shall be maintained visible, and all illuminated exit signs shall be illuminated at all times that the structure is occupied. Supplemental internally illuminated directional signs, when necessary, shall be installed in accordance with the technical requirements of the Uniform Construction Code indicating the direction and way of egress.
Repaired 2/7/2008

Recheck violation record auto-generated from inspection on 01/08/2008.
Replace ar repair all smoke detectors in common areas.

All single- and multiple-station smoke detectors shall be maintained, periodically inspected and tested in accordance with NFPA 72 listed in Chapter 44 and Section F-515.2. Repaired 2/7/2008

Recheck violation record auto-generated from inspection on 01/08/2008.
Install new smoke detectors in all apartments throughout building and basement area.

All smoke detectors shall be inspected in place at 12-month intervals to identify missing detectors, detectors with impeded smoke entry, dirty detectors and detectors no longer properly located because of occupancy or structure changes. Additionally, a test shall be performed at 12-month intervals to ensure that each smoke detector is in an operable condition and produces the intended response by causing the detector to initiate an alarm at the installed location with smoke or other aerosol acceptable to the manufacturer and to demonstrate that smoke will enter the chamber and initiate an alarm.
Repaired 2/7/2008

Recheck violation record auto-generated from inspection on 01/08/2008.
Get rid of all unapproved extension cords in apartments.

Extension cords and flexible cords shall not be a substitute for permanent wiring. Extension cords and flexible cords shall not be affixed to structures; extended through walls, ceilings or floors, or under doors or floor coverings; nor shall such cords be subject to environmental damage or physical impact. Repaired 2/7/2008

Recheck violation record auto-generated from inspection on 01/08/2008.
Repair all electrical wiring and wall outlets in apartments that is not operable

All identified electrical hazards shall be abated. All identified hazardous electrical conditions in permanent wiring shall be brought to the attention of the construction official. Repaired 2/7/2008

Recheck violation record auto-generated from inspection on 01/08/2008.
Repair all junction boxes and other wiring throughout all apartments and basement,.

Open junction boxes and open-wiring splices shall be prohibited. Approved covers shall be provided for all switch and electrical outlet boxes.
Repaired 2/7/2008

Recheck violation record auto-generated from inspection on 01/08/2008.
Install in all apartments and basement.

Install carbon monoxide (CO) alarms in hotels,multiple dwellings and rooming and boarding homes. Repaired 2/7/2008

Recheck violation record auto-generated from inspection on 01/08/2008.
Remove all combustible material from around and on top of all heating appliances and water heaters.

Montclair Fire Department
Inspection History Record

Business Name: 190 BLOOMFIELD AVE **Occup ID:**6028

Address: 190 BLOOMFIELD AVE

Notes:

Date	Type	Inspector

1. Dangerous conditions that are liable to cause or contribute to the spread of fire in or on said premises, building or structure or endanger the occupants thereof;
Repaired 2/7/2008

Recheck violation record auto-generated from inspection on 01/08/2008.
Install cover for electrical box on water heater.

All identified electrical hazards shall be abated. All identified hazardous electrical conditions in permanent wiring shall be brought to the attention of the construction official. Repaired 2/7/2008

Recheck violation record auto-generated from inspection on 01/08/2008.

Remove all Debré and combustible material from under and on fire escape.

3. Obstruction to or on fire escapes, stairs, passageways, doors or windows, liable to interfere with the egress of occupants or the operation of the fire department in case of fire;
Repaired 2/7/2008

01/08/2008 200 - INSPECTION - General C. LIGE

Exit signs in common areas needs repair.

All means of egress shall be indicated with approved "Exit" signs where required by the construction code in effect at the time of first occupancy. All "Exit" signs shall be maintained visible, and all illuminated exit signs shall be illuminated at all times that the structure is occupied. Supplemental internally illuminated directional signs, when necessary, shall be installed in accordance with the technical requirements of the Uniform Construction Code indicating the direction and way of egress.
Repaired 2/7/2008

Replace ar repair all smoke detectors in common areas.

All single- and multiple-station smoke detectors shall be maintained, periodically inspected and tested in accordance with NFPA 72 listed in Chapter 44 and Section F-515.2. Repaired 2/7/2008

Install new smoke detectors in all apartments throughout building and basement area.

All smoke detectors shall be inspected in place at 12-month intervals to identify missing detectors, detectors with impeded smoke entry, dirty detectors and detectors no longer properly located because of occupancy or structure changes. Additionally, a test shall be performed at 12-month intervals to ensure that each smoke detector is in an operable condition and produces the intended response by causing the detector to initiate an alarm at the installed location with smoke or other aerosol acceptable to the manufacturer and to demonstrate that smoke will enter the chamber and initiate an alarm.
Repaired 2/7/2008

Get rid of all unapproved extension cords in apartments.

Extension cords and flexible cords shall not be a substitute for permanent wiring. Extension cords and flexible cords shall not be affixed to structures; extended through walls, ceilings or floors, or under doors or floor coverings; nor shall such cords be subject to environmental damage or physical impact. Repaired 2/7/2008

Repair all electrical wiring and wall outlets in apartments that is not operable

All identified electrical hazards shall be abated. All identified hazardous electrical conditions in permanent wiring shall be brought to the attention of the construction official. Repaired 2/7/2008

Repair all junction boxes and other wiring throughout all apartments and basement,.

Montclair Fire Department
Inspection History Record

Business Name: 190 BLOOMFIELD AVE **Occup ID:**6028

Address: 190 BLOOMFIELD AVE

Notes:

Date	Type	Inspector
Open junction boxes and open-wiring splices shall be prohibited. Approved covers shall be provided for all switch and electrical outlet boxes. Repaired 2/7/2008		
Install in all apartments and basement. Install carbon monoxide (CO) alarms in hotels,multiple dwellings and rooming and boarding homes. Repaired 2/7/2008		
Remove all combustible material from around and on top of all heating appliances and water heaters. 1. Dangerous conditions that are liable to cause or contribute to the spread of fire in or on said premises, building or structure or endanger the occupants thereof; Repaired 2/7/2008		
Install cover for electrical box on water heater. All identified electrical hazards shall be abated. All identified hazardous electrical conditions in permanent wiring shall be brought to the attention of the construction official. Repaired 2/7/2008		
Remove all Debré and combustible material from under and on fire escape. 3. Obstruction to or on fire escapes, stairs, passageways, doors or windows, liable to interfere with the egress of occupants or the operation of the fire department in case of fire; Repaired 2/7/2008		