

**CHAPTER 6.AB**  
**PROVINCIAL INCIDENT SUPPLEMENT**  
**ALBERTA**

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This supplement to the Incident Reporting Chapter (Chapter 6) provides further information on Incident Reporting when that information is provincially-specific.

## **More Information Windows**

The More Info Windows (AB) as referenced from **6.D.30**



Depending on Occupancy and Response Type, one of the following windows will be displayed:

**6.AB.G.10** Provincial Report

**6.AB.G.40** Vehicle Incident Report

Referenced directly in Chapter 6:

**6.G.40** Medical Report

**6.G.30** Carbon Monoxide

Accessed directly from the Incident Window

**6.AB.G.30** Casualties

**6.AB.G.50** Medical Window – AAIMS Module

**Provincial Report Window**

**Note:**

To print an Incident Report using the old report style, go to the main Incident window and choose Action → Print Old Incident Report.

07-0025 - JAN 11 07 - 234 305 Calahoo Road SPRUCE GROVE

General | Owner | Occupants | Equipment | Smoke Alarms

Major Occupancy: Residential - mobile ho...  
 Area of Origin: [ ]  
 Level of Origin: Ground Floor, Grade Lev...  
 Building Height:  Number of Stories  
 Not Applicable  
 Cannot be Determine

Ground Floor Area: over 2500 to 5000m  
 Extent of Fire: Confined to Part of Roo...  
 Extent of Damage: Confined to Floor Level...  
 Act or Omission: Arson - For Obscuring ...

Source of Ignition: [ ]  
 Fuel or Energy: Natural Gas or Other Fu...  
 Material First Ignited: [ ]  
 Form of Heat: Spark, static electrical

Outside Fire Protection: Municipal Fire Departm...  
 Flame Spread Interior: Spread on Floor Finish  
 Flame Spread Vertical: Through Utility Shaft  
 Flame Spread Horizontal: Doors Burned Through i...

Smoke Spread Avenue: Through the Stairwell  
 General Construction: Non-Combustible Const...  
 Method of Construction: Not applicable - vehicl...  
 Year of Construction: 1920 or before

Number of Occupants: [ ]  
 Manual Fire Protection: [ ]  
 Sprinkler Protection: [ ]  
 Initial Detection: [ ]

Fixed System: [ ]  
 Performance of Auto Equip.: [ ]  
 Automatic Fire Detection: [ ]  
 Fire Detection Devices: [ ]

Fire Service: [ ]  
 Transmission of Alarm: Telephone Tie-Line to F...  
 Response Time: 708 minutes  
 Action Taken: [ ]

Method Fire Control: [ ]  
 Mutual Aid: [ ]  
 Temperature: [ ]  
 Property Class: Mobile Accommodations...

Forcible Entry Required

Wind Direction: [ ] Wind Velocity: [ ]

SCO: [ ]

	F. F.	Men	Women	Youth	Children	TOTAL
Injuries:	0	0	0	0	0	0
Deaths:	0	0	0	0	0	0

Person(s) Starting Fire  
 Unknown  
 One Person  
 Two or More

Edit Print Casualties Cancel OK

# 6.AB.G.10.TABS

## 6.AB.G.10.TABS.10

### GENERAL

General	Owner	Occupants	Equipment	Smoke Alarms
Major Occupancy <b>Residential – mobile ho...</b>	Area of Origin	Level of Origin <b>Ground Floor, Grade Lev...</b>	Building Height	<input checked="" type="radio"/> <b>Number of Stori...</b> <input type="radio"/> Not Applicable <input type="radio"/> Cannot be Deteri
Ground Floor Area <b>over 2500 to 5000m</b>	Extent of Fire <b>Confined to Part of Roo...</b>	Extent of Damage <b>Confined to Floor Level...</b>	Act or Omission <b>Arson – For Obscuring ...</b>	
Source of Ignition	Fuel or Energy <b>Natural Gas or Other Fu...</b>	Material First Ignited	Form of Heat <b>Spark, static electrical</b>	
Outside Fire Protection <b>Municipal Fire Departm...</b>	Flame Spread Interior <b>Spread on Floor Finish</b>	Flame Spread Vertical <b>Through Utility Shaft</b>	Flame Spread Horizontal <b>Doors Burned Through i...</b>	
Smoke Spread Avenue <b>Through the Stairwell</b>	General Construction <b>Non-Combustible Const...</b>	Method of Construction <b>Not applicable – vehicl...</b>	Year of Construction <b>1920 or before</b>	
Number of Occupants	Manual Fire Protection	Sprinkler Protection	Initial Detection	
Fixed System	Performance of Auto Equipt.	Automatic Fire Detection	Fire Detection Devices	
Fire Service	Transmission of Alarm <b>Telephone Tie-Line to F...</b>	Response Time <b>708 minutes</b>	Action Taken	
Method Fire Control	Mutual Aid	Temperature:	Property Class <b>Mobile Accommodations...</b>	
<input type="checkbox"/> <b>Forcible Entry Required</b>				Wind Direction: <input type="text"/> Wind Velocity: <input type="text"/>

Fill in the form by selecting from the drop down lists and typing in the pertinent information.

**To edit the drop down lists used for the provincial report, see:**



**AB.20.100.40**

## 6.AB.G.10.TABS.20

### OWNER

General	Owner	Occupants	Equipment	Smoke Alarms		
<b>Name:</b>		Patrick	Starfish	<input type="checkbox"/> Insured		
		First	Last			
<b>Business:</b>						
<b>Address:</b>		234 305 Calhoo Road				
<b>Phone:</b>						
Name of Claims Adjuster:		Eugene Crab				
Claims Adjuster Code:		0				
Name of Claims Company:		ABC Claims				
Claim Number:		1578-9857-547				
Name of Insurance Company:		ABC Insurance				
Policy Number:		45879-987546-854				
		Value	Loss Est.	Uninsured	Claim Estimate	Claim Paid
<b>Building:</b>		150000	10000	0	10000	0
<b>Contents:</b>		50000	5000	0	5000	0
<b>Total:</b>		200000	15000		15000	

Fill in the form by typing in the pertinent information.

If you are entering values in the "Uninsured" column, you should also enter values in the "Value" and "Loss Est" columns.

## 6.AB.G.10.TABS.30

### **OCCUPANT**

General | **Owner** | Occupants | Equipment | Smoke Alarms

Patrick Starfish  
Sandy Cheeks  
Spongebob Squarepants

**Copy Occupant**

**Name:** Patrick Starfish  Insured  
First Last

**Business:**

**Address:** 305 Calahoo Road , Spruce Grove, AB, T0M


**Phone:**

**Insurance:** 0  
Adjuster Code Claim Number Policy

	Value	Loss Est.	Uninsured	Claim Estimate	Claim Paid
<b>Contents:</b>	0	0	0		0

**Add**  
**Edit**  
**Delete**  
**Cancel**  
**OK**

Fill in the form for each occupant, by typing in the pertinent information.

To add the occupant name stored on the property window, click on "Add" and then "Copy Occupant". When adding an occupant either a first and last name or a business name is required. Occupants are not mandatory but all occupants added will be included in the reports when the files are created (see  **6.AB.R.10** )

## 6.AB.G.10.TABS.40

### **EQUIPMENT**

General	Owner	Occupants	Equipment	Smoke Alarms		
Description of Item:	Make:	Year:	Model:	Serial:	License:	Prov.:

Fill in the form by typing in the pertinent information.

## 6.AB.G.10.TABS.50

### SMOKE ALARMS

<b>General</b>	<b>Owner</b>	<b>Occupants</b>	<b>Equipment</b>	<b>Smoke Alarms</b>			
Manufacturer of Detector or Alarm:		Model Number:					
<input type="text" value="Blackhawk"/>		<input type="text" value="AB575"/>					
Type of Smoke Detector:		Power Source of Smoke Alarm Device:					
<input type="text" value="Ionization"/>		<input type="text" value="Hardwired"/>					
Performance of Smoke Alarm Device:							
<input type="text" value="Alarm Not in Room in Origin - Activiated"/>							
Impact of smoke alarm activation on occupant response/evacuation:							
<input type="text" value="Occupants Evacuated Safely"/>							
<b>Occupants in dwelling unit at time of fire</b>							
Senior Citizens:	<input type="text" value="0"/>	Adults:	<input type="text" value="0"/>	Youth:	<input type="text" value="0"/>	Children:	<input type="text" value="0"/>
Remarks:	<input type="text"/>						

Fill in the form by selecting from the drop down lists and typing in the pertinent information.

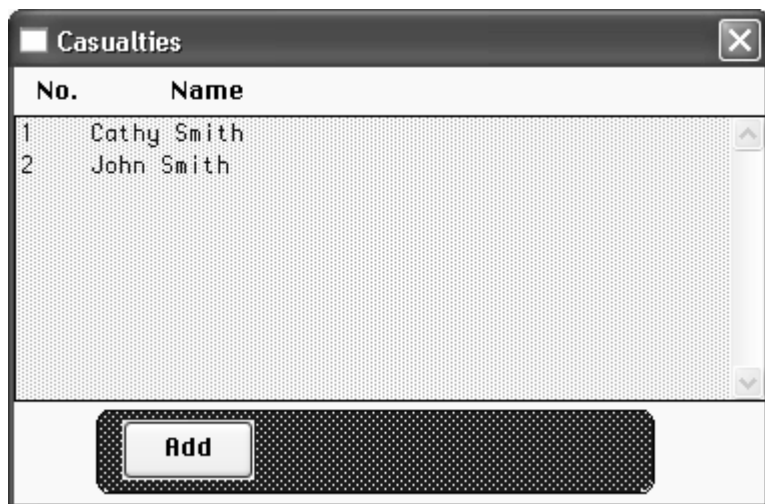
**To edit the drop down lists used for the Smoke Alarm Window, see:**



**AB.20.100.80**

**Casualties Window**

From the Incident Report Window (**6.D.20**), click the "Casualties" Button to see the Casualties Window.



Double click on the record you wish to view, or click "Add" to add a new record and open the Casualties For... Window.

**Casualties for Fire Report 04-003** [X]

Casualty Report Number:

**Name of victim** **Age**

Smith	Cathy		32
Last	First	Second	

**Nature of Casualty**

Death

Minor Injury

Light Injury

Serious Injury

**Probable/Possible Cause**

Smoke Inhalation

Burn

Physical Injury

Other

**Sex**

Male

Female

Unknown

<b>Condition of Casualty</b>	<b>Class of Victim</b>
Awake & No Physical or Mental Impairment at the Tim... <span style="float: right;">v</span>	<input type="radio"/> Senior Citizens
<b>Action of Casualty</b>	<input checked="" type="radio"/> Adults
Injured While Attempting to Escape <span style="float: right;">v</span>	<input type="radio"/> Youth
Ignition of Clothing or Other Fabrics	<input type="radio"/> Children
Upholstered Furniture <span style="float: right;">v</span>	
<b>Type of Fabric or Material</b>	
Mixture of Fibres <span style="float: right;">v</span>	
Cause of Failure to Escape	
Exit Blocked, Locked, or Obstructed <span style="float: right;">v</span>	
<b>Remarks</b>	

**Status**

Firefighter

Civilian

Edit

Print

Cancel

OK

**To edit the Drop Down lists for the Casualties window, see:**  
**AB.20.100.110**

Once recorded on the Casualty for... window, statistics of injury or death will then appear on the upper left hand portion of the main Incident Report window (**6.B**)

**Vehicle Incident Report**

Operator		First/Last	Sandy	Cheeks
Age:	<input type="text" value="0"/>	Address	123 Aqua Lane	
			Your Town, AB	
		Phone Number	<input type="text" value="403-555-1234"/>	
Owner (If Different)		First/Last	<input type="text"/>	
		Address	<input type="text"/>	
		Phone Number	<input type="text"/>	
<b>Make, Model &amp; Year:</b>	<input type="text" value="2001 PT Cruiser"/>			
<b>License:</b>	<input type="text" value="ABC123"/>	<b>Jurisdiction:</b>	<input type="text"/>	
<b>VIN/Serial #:</b>	<input type="text" value="ABC1234567DEF1234567"/>			
<b>Insurance?:</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown			
<b>Services Provided:</b>	<input type="text"/>			
<b>Fire Loss:</b>	<input type="text" value="0"/>	<b>Collision Loss:</b>	<input type="text" value="0"/>	
	<input checked="" type="checkbox"/> Invoice Sent			
<b>Insurance Co.:</b>	<input type="text" value="ABC Insurance"/>			
<b>Insurance Agent:</b>	<input type="text" value="Patrick"/>			
<b>Driver's License:</b>	<input type="text" value="547832"/>			
<b>Insurance Policy:</b>	<input type="text"/>			
<b>Notes:</b>	<input type="text"/>			

Enter or view the pertinent details relating to the vehicle incident.

## 6.AB.G.50

### AAIMS – Alberta Ambulance Information Management System

Before using this optional module, the AAIMS lists and information must be imported. If you have not received the file "AAIMSList.ZIP", please contact Ingenious Software.

To add an AAIMS Report to an existing FirePro Incident, use the Medical button on the main incident window (see **6.D.40**). If there is no existing Medical record for that incident, the new AAIMS window will open.

#### Note:

To add a new standalone AAIMS Report, go to FirePro2 → New AAIMS Report.  
To search for AAIMS Reports, go to FirePro2 → Find AAIMS Report and select the desired search.

**There are also some lists that must be set up manually by the user. These lists are License Number, Units, Amb. Code, Attendants, Hospitals and Physicians. See:**



**AB.30.100**

Medical Response - 07-1256 on JUN 5 07 for Incident 07-0506

Incident Info Patient

Date: JUN 5 07

License #: E0400

Call Type: Scene/emergency

No Transport

Unit: Ambulance 1

Station: Station2

Incident/Invoice Number: 07-1256

Air Ambulance Dispatch #:

Amb Code: Medical Emergency

Level of Service: Basic Life Support

Trip

Response Type: 02 Emergent; with lights/sirens

Transport Type: 01 Non-emergent, no lights/sirens

Respond from Station

Attendants

Primary (A): Cheeks, Sandy

Attendant B/Driver: Starfish, Patrick

Attendant C/Student: <None>

Received: JUN 5 07 15:30:44

Unit Notified: JUN 5 07 15:42:16

Unit Responded: JUN 5 07 15:44:29

On Scene: JUN 5 07 15:47:57

Arrive Patient:

Left Scene: JUN 5 07 15:55:00

At Destination:

Transfer of Care:

Back in Service: JUN 5 07 16:58:17

Standby: hrs mins

KM Start: 45987

KM Finish: 46010

KM Total: 23

Date Transferred: Number: 0

Resubmit

Add Edit Delete Cancel OK

Medical Response - 07-1256 on JUN 5 07 for Incident 07-0506

**Incident Info Patient**

Eugene Crabs

Add Edit Delete Cancel OK

**General Vital Signs Skilled Intervention Observation Notes**

Patient Number: 1 of 1  
 PCR Number: 123456789  
 Name: Eugene Crabs  
 Address: 1234 Jellyfish Lane  
 City: Your Town Prov: AB PC: TOMOMO  
 Phone: 403-555-4679  Male  
 Birthdate: AUG 7 1956 Age: 51  Female

AB Health Care #: 497761357  
 PHN Type: Alberta  
 Responded to: <None>  
 Transferred to: Alberta Hospital Ponoka  
 Medical Alert  
 Medication and Dosage:

**Next of Kin**  
 Next of Kin: Sally Crabs  
 Relationship: daughter  
 Address:  Same as Patient  
 1244 Jelly Fish lane  
 City: Your Town Prov: AB PC: TOMOMO  
 Phone: 403-222-7987

**Valuables**  
 Glasses  Wallet  Money 150.00  
 Rings  Suitcase/Bag(s)  Other  
 Watch  Purse  
 Left With Patient NOK  
 Left with/at

**Allergies**  
 No  
 Yes  
 Unknown

Medical Response - 07-1256 on JUN 5 07 for Incident 07-0506

**Incident Info Patient**

Eugene Crabs

Add Edit Delete Cancel OK

**General Vital Signs Skilled Intervention Observation Notes**

**Vital Signs**

Attendant	time	Heart Rate	Blood Pressure	Resp. Rate	S02	Pre Hospital Index						BGL	Glasgow C Eye Mc
						BP	C	MOI	P	R	T		
Cheeks, Sandy	15:50	90	130 / 90	60	0	0	0	0	0	0	0	0.0	0

Medical Response - 07-1256 on JUN 5 07 for Incident 07-0506

**Incident Info Patient**

Eugene Crabs

Add Edit Delete Cancel OK

General Vital Signs Skilled Intervention **Observation** Notes

**Treatment**

Attendant	Treatment	History and Treatment
Cheeks, Sandy	Assessment (examination)	
Cheeks, Sandy	Bandaging	

**Medication**

Attendant	Medication	History and Treatment
Cheeks, Sandy	Tylenol	

ER Chart No:

Medical Response - 07-1256 on JUN 5 07 for Incident 07-0506

**Incident Info Patient**

Eugene Crabs

Add Edit Delete Cancel OK

General Vital Signs Skilled Intervention **Observation** Notes

**Other Resources:**

**By Stander:**

**Co Responder:**

**Provider Impression:** Traumatic injury

**Patient Location:** Public administration area

**Injury Intent:** Unintentional/accidental

**External Causes:** Motor vehicle; traffic collision

**Safety Equipment:**

- 01 None used
- 02 Lap belt
- 03 Shoulder and lap belt
- 04 Driver airbag deployed
- 05 Passenger airbag deployed
- 06 Side airbag deployed
- 07 Child seat; forward facing
- 08 Child seat; rear facing

**Trauma Injury**

Description:	Location:
Abrasion/superficial injury	Shoulder/upper arm
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

**Signs, Symptoms:**

Pain; limb

Medical Response - 07-1256 on JUN 5 07 for Incident 07-0506

Incident Info Patient

Eugene Crabs

Add Edit Delete Cancel OK

General Vital Signs Skilled Intervention Observation Notes

Ambulance Equipment Left at Hospital

Enter any notes here

Comments

Enter or edit the pertinent details for the AAIMS report. You will be prompted for information for mandatory fields if they are left blank and you click "OK".

Many of the times for the Incident Info tab will be copied over from the main incident window (if creating the report from an incident).

### **PCR**

There are two different spots where PCR Numbers may be entered on the AAIMS window. If there was a Patient transported for an incident (No Transport Reason is NOT N1-No Patient Found or N7-Cancelled) then the PCR Number is recorded on the Patient tab. If there were no Patients transported for an Incident (No Transport Reason IS N1-No Patient Found or N7-Cancelled) then the PCR Number is recorded on the Incident Info tab.

## 6.AB.G.50.10

### AAIMS Reporting

To submit AAIMS reports that have been entered in FirePro, an AAIMS-formatted XML document must be created, which is then submitted electronically via the AAIMS website.

To create an AAIMS submission XML, go to the Reports→Management Report Menu→Create AAIMS PCR Submission XML option. A new window will appear:

The screenshot shows a dialog box titled "Specify XML Parameters" with a sub-header "AAIMS XML File Creation Parameters". It contains the following elements:

- Operator:** A dropdown menu with "2098" selected.
- Cutoff Date:** A date field showing "AUG 5 08" with a calendar icon to its right.
- Resubmit Incidents:** An unchecked checkbox.
- Buttons:** "Cancel" and "OK" buttons on the right side.

Before you run the AAIMS Submission, you must create an Operator List in the Maintenance→Edit Pop-Up Lists→Medical AAIMS Lists→Operators. The code and full text of the Operator should be the AAIMS Operator number, which is provided by Alberta Health and Wellness.

Select an Operator and Cutoff Date. All AAIMS reports that are flagged for submission before the selected Cutoff date will be included in the PCR submission.

### Resubmit Incidents

If it's necessary to resubmit incidents that have already been submitted electronically, check the "Resubmit Incidents" button. The window will change to this view:

The screenshot shows the same dialog box as above, but with the following changes:

- Record Selection:** A group box containing two radio buttons: "All" (selected) and "Marked for Re Submis:". Below this group box is a dropdown menu showing "MAR 4 08-5".
- Resubmit Incidents:** A checked checkbox.
- Buttons:** "Cancel" and "OK" buttons on the right side.

The drop-down list shows all the previous dates that PCR submission files were created. Selecting the "All" option will include all the AAIMS incidents from the selected submission date. Selecting the "Marked for Re Submission" option will only select all incidents that have been marked for re submission, regardless of their submission date.

### **Marking AAIMS Reports for Re Submission**

To mark an AAIMS report for Re Submission, locate the AAIMS report that you want to re submit, either by using the FirePro2→Find AAIMS Report option, or by locating the attached Incident. On the AAIMS report, turn on the "Resubmit" flag.

### **Removing AAIMS Reports from the PCR Submission**

To mark a group of AAIMS records as sent, go to:  
Maintenance→Data Updates→Remove AAIMS Incidents from next PCR Submission option. You will be prompted to enter a date range, and then all AAIMS Incidents that fall within the date range entered will be marked as 'Sent'. Any AAIMS Incidents which are marked as 'Sent' will no longer be included when creating the PCR XML file.

**Reports → Management Report Menu → Incident Reports → Report Details**

See **6.R.110** for general information on this report. A second tab will show in the window when you select an option other than "All Report Types" from the drop down list at the top. This enables you to further refine your reporting criteria. See below for provincially specific information on these tabs.

Incident Report Printing Parameters

**General**

All Report Types  
 All Report Types  
 Structure Fire Only  
 With Casualties Only

Include  
 Owner Information  
 Occupant Information  
 Property Notes  
 Fire Fighters Involved  
 Report Times  
 Benchmark Times  
 Fire Report Notes  
 Truck Chart  
 Vehicle Information  
 Police Information  
 Ambulance Info.  
 Agencies on Scene  
 Show Checklists  
 Weather  
 Summary Section  
 One incident per page

Response Type  
 All  
 Specific Response Type

Response Time  
 Any  
 Greater than

Fire Report Dates  
 Any Date  
 Date Range

Dollar Loss  
 Any  
 Greater Than

Dollar Saved  
 Any  
 Greater Than

Responders  
 Any Number  
 Range

Alarm Time  
 Any time  
 Time Range

Total Time  
 Any  
 Greater than

Output  
 Report  
 Summary Only  
 List

Sort By  
 Date  
 Response Type


Report Title:

Template



## 6.AB.R.5.TABS

### The Incident Report Printing Tabs

Information regarding the tabs referenced in  **6.R.110.C**



## 6.AB.R.5.TABS.10

### Structural Fire

Select the criteria to further refine your report for structural fires.

General	Structure Fire	Structure Fire Only
Options 1	Options 2	Options 3   Options 4
<b>Major Occupancy</b> <input type="radio"/> All <input checked="" type="radio"/> Specific One <input type="radio"/> Group 32 - Residential - apartment, tenement		
<b>Area of Origin</b> <input type="radio"/> All <input checked="" type="radio"/> Specific One <input type="radio"/> Group 010 - Hallway, Corridor		
<b>Level of Origin</b> <input checked="" type="radio"/> All <input type="radio"/> Specific One <input type="radio"/> Group		
<b>Ground Floor Area</b> <input checked="" type="radio"/> All <input type="radio"/> Specific One <input type="radio"/> Group		
<b>Extent of Fire</b> <input checked="" type="radio"/> All <input type="radio"/> Specific One <input type="radio"/> Group		
<b>Extent of Damage</b> <input checked="" type="radio"/> All <input type="radio"/> Specific One <input type="radio"/> Group		
<b>Act or Omission</b> <input checked="" type="radio"/> All <input type="radio"/> Specific One <input type="radio"/> Group		
<b>Source of Ignition</b> <input checked="" type="radio"/> All <input type="radio"/> Specific One <input type="radio"/> Group		



## With Casualties

Select the criteria to further refine your report with casualties.

<b>General</b>	<b>With Casualties</b>	<b>With Casualties Only</b> ▼
<b>Nature of Casualty</b>		
<input checked="" type="radio"/> All <input type="radio"/> Specific One <input type="radio"/> Group		
<b>Condition of Casualty</b>		
<input checked="" type="radio"/> All <input type="radio"/> Specific One <input type="radio"/> Group		
<b>Action of Casualty</b>		
<input checked="" type="radio"/> All <input type="radio"/> Specific One <input type="radio"/> Group		
<b>Ignition of Clothing/Fabrics</b>		
<input checked="" type="radio"/> All <input type="radio"/> Specific One <input type="radio"/> Group		
<b>Type of Fabric or Material Ignited</b>		
<input checked="" type="radio"/> All <input type="radio"/> Specific One <input type="radio"/> Group		
<b>Failure to Escape</b>		
<input type="radio"/> All <input type="radio"/> Specific One <input type="radio"/> Group		
51 - Trapped by Rapid Spreading of Fire/Smoke - ... ▼		
<b>Initial Cause</b>		
<input checked="" type="radio"/> All <input type="radio"/> Specific One <input type="radio"/> Group		



### **Electronic Transfers to the OFC**

**REPORTS → MANAGEMENT REPORTS MENU → CREATE AB TRANSMISSION FILES**

Function: sends all incident reports to the OFC that have not been sent in the past, or that have been changed and need to be re-sent.

Only incidents with a response type of "10 - Fire" and "11 - No Alarm Fire" will be included in this file.

#### **Note:**

Before you can electronically transfer files to the OFC:

Go to, Set-up → System Information. Make sure you have an email address entered. This is the email that the OFC will respond to when you send files.

Enter a valid Response Location Code and a name in the OFC Fire Dept. Name field (this is your department name. It can be an abbreviated name or a full name with no spaces).

Make note of the Export Path, as this is the folder where the export file will be created.

**All incidents with the check box "Next Transfer" checked will be included in this transfer. If you want to remove incidents within a certain date range from this transfer, see:**



**60.30 Remove Incidents from next Electronic Transmission**

**To add incidents within a certain date range to the transfer, see:**



**60.20 Add Incidents to next Electronic Transmission**

**To set which users can run this report, see:**



**70.C.10**

You will be prompted by a dialogue box asking you to "Choose the cut-off date for the inclusion of incident reports". Enter the last date you wish to include in the OFC transmission.

If any of the outstanding Incident Reports are incomplete, FirePro 2 will identify those reports and indicate what needs to be fixed.

Next, you will be asked, "Do you want to mark these records as sent?" This message will appear when the transmission files have been created. If you will be transmitting them now, click "Yes". This will uncheck the Next Transfer check box and put today's date in the Transferred field of the incident report.

The next window will indicate, "The files to be sent to the OFC are named..." Write down the file names. These are the files that you will either attach to an e-mail, or copy to a floppy disk, to be sent to the OFC.

**The default location for Transmission files is C:\Firepro\. The administrator can alter this path through the Set-up menu. See:**



## 10.C – Export Path

After generating these files, you will be prompted to show a summary of incidents and which kind of report you wish to print. You can choose between a brief or detailed report -- The detailed report will show all the individual incidents in each file, while the brief report shows only the incident counts.



## 6.AB.R.20

### AAIMS Patient Care Report

**REPORTS → MANAGEMENT REPORTS MENU → CREATE AAIMS PCR SUBMISSION XML**

Submits the medical portion of the incident (AAIMS) to Alberta Health & Wellness. Includes reports that have not been sent in the past, or that have been changed and need to be re-sent.

Enter date

**AAIMS XML File Creation Parameters**

Operator:

Primary Operator

Cutoff Date

AUG 9 07

Resubmit Incidents

Cancel

OK

You may also re-submit a report by checking the "Resubmit Incidents" checkbox, clicking "OK", and selecting the report to send.

You will be asked, "Do you want to mark these records as sent?" This message will appear when the transmission files have been created. If you will be transmitting them now, click "Yes". This will uncheck the Next Transfer check box and put today's date in the Transferred field of the AAIMS Report.

Make a note of the file name and location so you can upload the file to the AAIMS website.

**The default location for Transmission files is C:\Firepro\. The administrator can alter this path through the Set-up menu. See:**



**10.C – Export Path**