

NEW ZEALAND FIRE SERVICE

Auckland Region

Operational Review Report



**Structure fire with damage
F163587**

**8B Kahika Rd,
North Shore City**

Incident Date: 24/05/2008 10:50 a.m.

Click here to view [Incident Report](#)

1. Executive Summary

Performance Hosiery Ltd occupies a site in the middle of a cul-de-sac of a light industrial/residential mix in the suburb of Birkenhead. The building is 3.6 Kilometers from the Birkenhead Fire Station and they were engaged in the business of manufacturing textiles (Knitwear, Socks).

At 10:50hrs on the morning of Saturday the 24th May 2008, the Fire Service Communications Centre received multiple calls to a “two storey building on fire” at 8B Kahika Rd Birkenhead. This fire escalated to a 3rd alarm.

The structure involved in the fire (refer Appendix A) was constructed of concrete block with an iron roof approximately 50m x 20m. A narrow alleyway separated this from an adjacent building of similar size.

The fire started at the rear of the building and quickly spread forward causing the roof to collapse. The building had a very high fire loading due to large amounts of textile materials inside the building.

This building was not fitted with a sprinkler system and there was no risk plan information at the ICU (Incident Command Unit). The fire was effectively contained to the building of origin. The basement area to the front of the building which houses a sportswear store was protected, only sustaining some water damage.

During the extinguishments of this fire two firefighters received minor burns to the hand of one and hand and shoulder of the other.

The premises were occupied by the owner at the time of the fire. He had just arrived and attempted to extinguish the fire with a water extinguisher. He escaped through an already open exit door at the rear of the factory. Following enquiries by Fire Safety this fire is being treated as suspicious. The Police were notified and are investigating. Fire Safety does not have any ongoing concerns for this building as it is to be demolished and rebuilt on the same site.

There were a number of issues identified for comment under the terms of reference and these include:

- The need for identification of areas of specific risk within existing response zones.
- Review of composite station back up rules
- The importance of monitoring water supply on the fire ground and considering the establishment of a water supply officer
- Re-enforce the importance of exposure times in these heated environments

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3. Terms of Reference

This operations investigation was requested by the Auckland Fire Region Commander Brian Butt (sponsor), under the authority of the New Zealand Fire Service (NZFS) Manual of Operations, Operational Management Manual, E.1 Operations Investigation.

During operations at this incident, two Firefighters sustained burn injuries. This review will incorporate an investigation into the cause of those injuries in accordance with the Health and Safety Manual and Guidelines Section 5.5.

This operational review was to be completed in accordance with the national policy and process evaluating the following:

- Describe the building/complex and its use prior to the incident;
- Identify transmission of the call to this incident; call reception and turnout of NZFS to this incident;
- Evaluate the operational response, initial (then subsequent) tactics and actions of the responding crews;
- Identify all relevant Operational Instructions and NZFS policies and determine whether they have been followed and were effective during the event;
- Identify any failures of equipment or processes during the operation of this incident
- Identify items for consideration for the Corrective Action plan;
- Note any follow-up from fire safety in relation to the continued operation of the building.
- Identify the activity and location of the injured Firefighters at the time their injuries were sustained.
- Determine the cause of those injuries; and provide conclusions that will drive recommended improvements in the form of a Corrective Action Plan.

The terms of reference established the rationale for this operations investigation as being an opportunity for learning. It was to follow a “no blame” philosophy while preparing a constructive evaluation for future improvement. To facilitate this, the investigation team has avoided the inclusion of names (other than those included in the SMS Incident Report) to identify individuals although key incident management roles have been discussed.

Operational Review Team:

Kerry Gregory

Review Team Leader
Senior Station Officer
Waitakere City Fire District

Michael McEnaney

Senior Station Officer
Community Education

Peter Doughty

Senior Fire Fighter
Operations

John Waldow

Union Representative

4. Incident Summary

| | |
|-----------------------|--|
| Fire District: | North Shore |
| CAD No: | F163587 |
| Time: | 10:50 hours |
| Date: | 24 th May 2008 |
| Incident Type: | Structure (initial call) |
| Alarm Method: | 111 telephone |
| Cause: | Incendiary |
| Building Use: | Textile manufacturing |
| Premises: | 8B Kahika Rd Birkenhead Auckland |
| Zone: | 148251 |
| Alarm Level: | 3rd alarm |
| PDA: | Birk821, Birk822, Alba851 |
| Stop Message: | 24 th May 2008 @ 19:38hrs |

At 10:50 hours on the morning of Saturday 24th May 2008, the Fire Communications Centre received multiple calls to a building on fire at 8B Kahika Rd, Birkenhead.

The first two appliances arrived within 4 minutes and 11 minutes after the initial 111 call respectively. The officer of the first responding appliance transmitted an assistance en route "K88 proceeding transmit second alarm". On arrival they transmitted K99 and a priority message for a third alarm. He carried out a complete size up of the building and was unable to ascertain whether there were still people in the building. The fire was such that it was unsafe for firefighters to carry out an internal search of the building.

The initial get to work involved a low-pressure delivery through the side door of the first floor (shown appendix B) for interior cut off. The second arriving appliance established a second low-pressure delivery down the northern side of the building for exterior exposure protection.

During operations signs of building collapse were recognised and firefighters were withdrawn from the building. A fire ground message was transmitted that roof collapse was imminent and no crews should enter the building. Moments after withdrawing from the building the roof collapsed. FF's had sustained burns prior to this message being transitted.

A command structure was established with two sectors put in place and it was identified early that aerial attack would be needed. Appliances positioned themselves to allow the driveway on the southern side of the building to be used for the aerial to position upon its arrival. As a result of the fire spread and roof collapse firefighting became limited to exterior attack with low-pressure deliveries and an aerial monitor attack

Pager notifications were initially to the North Shore CFO/DCFO on the second alarm and included the Fire Region Commander, Assistant Fire Region Commander, and Auckland City East DCFO on the fire ground transmitting a third alarm.

The first senior officer arrived on the scene at 11:08. He took over incident command and on the arrival of the following two executives appointed them operations and logistics. A safety officer was also appointed to this incident.

5. Incident Communications

5.1 Response Overview

The Communications Centre started receiving multiple calls to a factory fire at 8B Kahika Road, Birkdale at 1050 hours Saturday, 24 May 2008.

From the information being received from members of the public, the building was confirmed as a two story structure with a significant fire in the upper floors.

As a result of this information, the Communications Centre upgraded the initial first alarm response which was a departure of the predetermined attendance (PDA) to include the closest aerial appliance – that being AUCK205.

The decision to respond AUCK205 was a departure from the PDA and made on the basis of the Incident Resource Deployment Management requirements - Statement of Service Performance (SSP) where information is received as part of the initial call that indicates a confirmed incident or an escalating situation Comcen Shift Managers may increase the turnout or escalate the Alarm level on the initial response.

On route to the incident (1 minute 32 seconds after responding), the OIC of the first responding appliance transmitted a K88 proceeding and upgraded the response to a second alarm. This was subsequently upgraded to a third alarm upon his arrival.

In addition to this, he specifically requested to make aerial appliances two.

The inclusion of AUCK207 was a further departure from the PDA and was added as the Communications Centre Shift Manager believed this crew (who were K3 in Ponsonby's first pump area) would arrive prior to one or more of the volunteer appliances recommended on the third alarm turnout. This decision was based on Operational Procedure No 2 Section – Part 1 where it shall be the objective of the Comcen to respond the closest appliance provided that District, time and distance are taken into consideration when comparisons are necessary.

5.2 Operational Instructions and Policies (Comcentres)

The actions of Comcentre staff during this incident highlighted inaccuracies within our turnout zones. There are areas within some response zones that require specialized response as a result of the risk they pose. This is shown in Appendix A (Figure1) where this response zone is a combination of both industrial and residential. The standard response string to the residential areas is not necessarily the appropriate response to the commercial or industrial areas.

Set out below is the beat list (pumping and aerial appliances only) for this zone . The first aerial appliance response for this building was from the third alarm.

BIRK821
BIRK822
ALBA851

TAKA807
GREE841

EAST831
EAST832
PONS261
AUCK207
AUCK205*

DEVO811
DEVO812
PARN251
PARN256

BALM611
REMU211
ELLE271
MTRO621
WAIT671
WAIT672
MTWE237
ONEH221
AVON601
AVON607
KUME867
KUME861
STHE241
OTAH311

Further investigation as part of the review identified some confusion and complexity surrounding composite stations backup rules. The concerns raised by the Comcentre staff regarding these backup rules for composite brigades were confirmed when the investigation team raised the same issues with the Comcentre Operations Manager.

The relevant policies that relate to the role of the Comcen are:

| Policy | Followed | Outcome |
|--|------------|---|
| <i>Mobilisation – Volunteer Response Operational Procedure No. 2 – Part 2</i> | No | The comcentre on the day did not follow the policy – there was no detrimental effect. |
| <i>Incident Resource Deployment Management requirements - Statement of Service Performance (SSP)</i> | Yes | This policy allows for increasing the turnout to a confirmed incident or an escalating situation. |
| <i>Comcentre Manual – Mobilising Procedures (E3)</i> | No | The comcentre on the day did not follow this policy. There was no detrimental affect resulting from the actions of the comcentre staff. |

6. Incident Management

An effective command and control system was established at an early stage that contributed to effective incident management. The first arriving officer was the initial Incident Controller. On arrival at the incident he transmitted a 3rd alarm following an assessment of resource requirements. In line with Auckland Region local operational procedure: Command and Control 3.5 the SSO took over incident command on his arrival. Two sectors were established and although not communicated to the communication centre all changes to incident command were.

The first senior officer arrived at the scene approximately 14 minutes after the arrival of the first responding appliance. Upon his arrival he assumed command of the incident and appointed the SSO operations manager. With the arrival of two other senior officers they moved into the roles of operations and logistics. A safety officer was also appointed to this incident in line with our operational procedures.

7. Appliance Deployment and water supplies

Appliances were well located at the incident to cover any further fire spread or development. An early assessment of developing needs meant the first arriving appliances were positioned well to allow the aerials to site themselves appropriately.

Water supplies were as follows prior to aerial operation.

Two feeders from separate standpipes one of which was twinned supplying 821 with 1xLPD and 1Lay flat delivery operating.

Single feeder from a separate hydrant supplying 822 with 1xLPD operating.

Due to the high demand for water from the same 100mm main, branch men experienced some fluctuation in pressure as a result of other branches being opened and closed. The water supply was considered adequate for the operations in hand.

Once the crews had withdrawn from the fire and aerials were operating a further feeder was run from an independent supply on Beachaven Road. A crew unfamiliar with aerial operations were tasked to supply that water to the fire ground for the aerial operation and ran the supply through the first arriving appliance to the aerials. Normal practice for aerial appliances is for them to have their own independent supply connected directly to the aerial appliance. This mitigates the effect on other deliveries operating on the fire ground that can result in firefighters losing water to their deliveries while operating in dangerous environments.

This highlights the importance of clear communications when tasking staff duties and the necessity for officers to familiarise themselves with the aerial appliance operations. It does raise the question as to whether a water supply officer should be established when aerial appliances are to be used on the fire ground.

8. Fire Safety Follow Up

This fire is being treated as suspicious with the cause established as incendiary. The Police were notified at the time and are investigating. Fire Safety does not have any ongoing concerns for this building as it is to be demolished and rebuilt on the same site.

10. Fire-fighter Injuries

Two fire-fighters from the first arriving crew received minor burns during the course of the fire. Both firefighters were correctly wearing their protective gear and the burns were received to the shoulder and hand of one firefighter and the hand of the other through their personal protective clothing.

The two firefighters had entered the building and were attempting to control the fire with a low-pressure delivery. They were less than 4 metres inside the building at all times. The firefighters encountered extreme heat and felt they were well protected with their Level Two personal protective clothing. The crew at one stage withdrew from the building because the heat was so intense then re-entered after a recovery spell. The two rotated turns at the branch as that position was more exposed to the heat.

After being relieved by another crew, who carried on with an external fire attack, the injured crew went to recommission. It was then they realised they had minor burns to their hands. These were reported to their officer who relayed this information to the ICU. As these burns were of a minor nature it was not deemed any further action was warranted. When back on station after showering the firefighter with the shoulder burn showed his officer the burn and it was decided to take him to North Shore Hospital for treatment.

Accident Cause

The burns to both the hands of the injured firefighters were situated where their upper most hand had held the branch. As the glove was closed and compressed on the skin the heat was able to radiate through the glove. Likewise the shoulder burn was in the area where the Breathing Apparatus straps had pulled the jacket tight. This meant the air barrier between the protective jacket and the firefighter was removed.

The injured fire fighters complained of fluctuating water pressure on their delivery at times during the incident. This was a result of the high demand on the water supply as outlined above in "*water supplies*". This did not play a significant part in the cause of injury, although it would have added to the temperatures the firefighters experienced.

The major contributing factors for this accident were:

- the length of exposure to the extreme heat
- the compression of the protective gear in that situation

Accident Notifications

Communication of the injured firefighters and their hospital treatment was confused through the notification process. The decision to transport them to hospital for assessment was not made at the fire ground but was decided later after their crew had returned to station. The crew had changed appliances as they were returning to the fire on standby and their appliance was committed at the incident. This caused some confusion in who had been taken to hospital when the senior officer was notified. This highlights the point that all injuries on the fire ground should be reported and investigated thoroughly at the time to determine what course of action is needed so the correct procedures can be followed in dealing with the following action.

11. Failures of equipment or processes

The failure of equipment at this incident consisted of the personal protective clothing outlined in the Firefighter injuries section above and although not a failure as such, fluctuations at the branch were encountered as a result of high demand from the water supply.

Conclusions and Recommendations

Operational Practices & Safety Issues

5) Incident Communications

It is acknowledged that although some policies were not followed this had no detrimental effect on the incident.

5.1 Recommendation

That identification of areas where specialised response is warranted be undertaken within existing response zones to ensure we maintain the appropriate response to all areas of risk.

5.2 Recommendation

That a review of the composite stations backup rules be undertaken to remove the confusion and address the complexities currently experienced by communication centre staff. This review should address the response to:

- Any structure fire
- Rescue event
- Hazardous substance
- All greater alarms
- Any call outside the composite stations first pump area in which they are responded to.

5.3 Recommendation

Our Fire Service policies need to be adhered to by all personnel or amended when necessary. Any issues with policy/procedures need to be communicated through the appropriate channels for assessment or review. It is recommended that comcentre staff be directed to adhere to the mobilizing procedures that are in place.

6) Incident Management

This incident highlighted the importance of making up resources early to allow adequate time for their arrival so they can be utilised at the earliest opportunity. It also shows the importance of establishing a well defined incident ground structure at the incipient stages so it can be further developed.

7) Appliance Deployment and Water supplies

7.1 Recommendation

A training note should be formulated and circulated to re-enforce the importance of monitoring water supply on the fire ground and considering the establishment of a water supply officer when utilizing multiple low pressure deliveries. This should also encompass the water requirements for aerial appliances using water on the incident ground.

8) Fire Safety

There are no ongoing concerns for the fire safety department.

9) Firefighters Injuries

With the efficiency of protective clothing being worn now, including flash hoods, firefighters are able to place themselves in hotter environments without realising the external conditions.

9.1 Recommendation

Training needs to be delivered to re-enforce the importance of exposure times in these heated environments and the importance of the layer between the PPC and the firefighter being maintained. This should be reinforced at the annual BA refresher course when delivered.

11) Failure of Equipment

Fluctuations were experienced at the branch as a result of high demands being placed on the water supply. The personal protective clothing where it had been compressed tight against the firefighters skin failed as a result of being exposed to extreme heat. (see recommendation 9.1 above)

CORRECTIVE ACTION PLAN

| Item | Action | Priority | By Whom and When |
|------|--|----------|------------------|
| 1 | <p>5.1 Recommendation Review the development of SRZ's within existing response zones to ensure we maintain the appropriate response to all areas of risk.</p> <p>5.2 Recommendation That a review of the composite stations backup rules be undertaken to remove the confusion and address the complexities currently experienced by communication centre staff.</p> <p>5.3 Recommendation Our Fire Service policies need to be adhered to by all personnel or amended where necessary. Any issues with policy/procedures need to be communicated through the appropriate channels for assessment or review. It is recommended that comcentre staff be directed to adhere to the mobilizing procedures that are in place.</p> | C | Ops Planning |
| 2 | <p>7.1 Recommendation The Auckland Region Local Procedure: Water Supplies be amended and circulated to re-enforce the importance of monitoring water supply on the fire ground and considering the establishment of a water supply officer when utilizing multiple low pressure deliveries. This should also encompass the water requirements for aerial appliances using water on the incident ground.</p> | C | AFRC |
| 3 | <p>9.1 Recommendation BA refresher course when delivered re-enforce the importance of exposure times and the Safe Person Concept in heated environments and the importance of the layer between the PPC and the firefighter being maintained.</p> | C | Training Manager |
| 4 | <p>Ensure all staff are aware of the need to report all fireground injuries to the Incident Commander</p> | C | FRM |

Report Approvals:

Investigation and report completed by:

Name: DCFO Kerry Gregory

Report Approved/Received by:

Name: FRM Brian Butt

Date: 12 August 2008

Appendix A

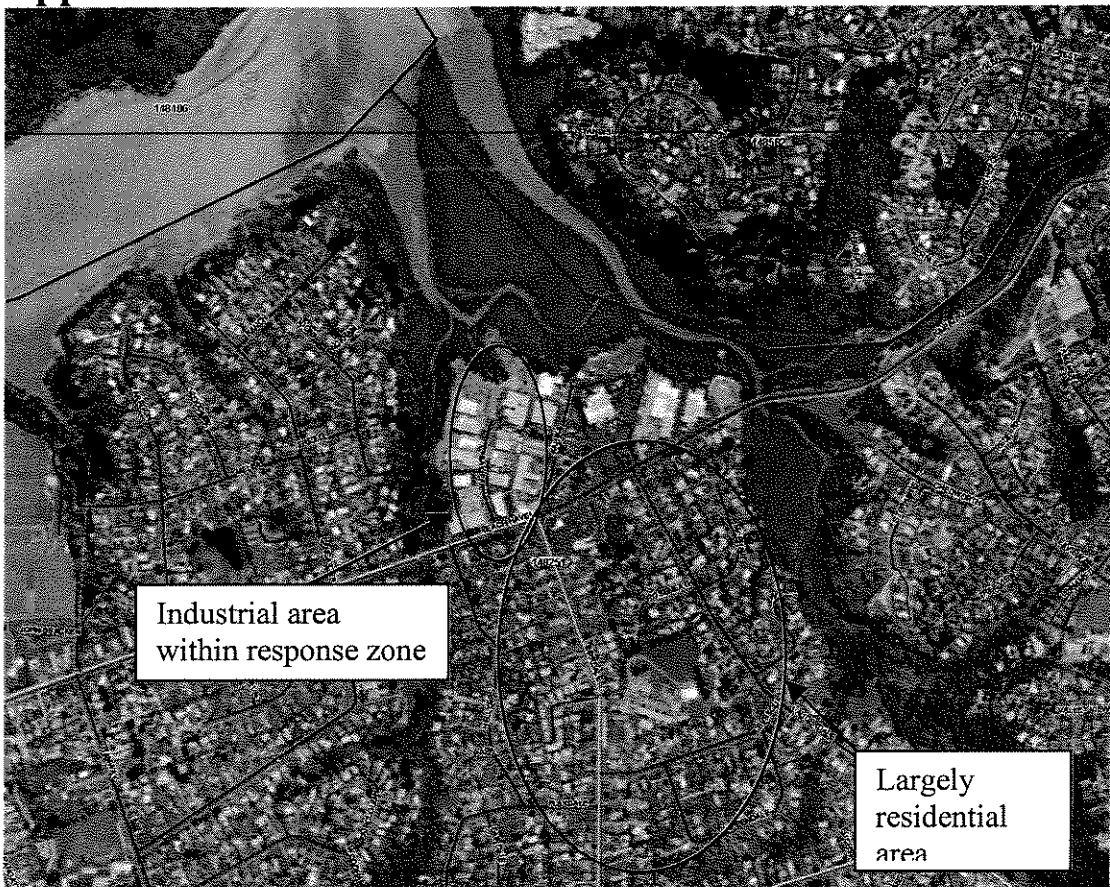


Figure 1

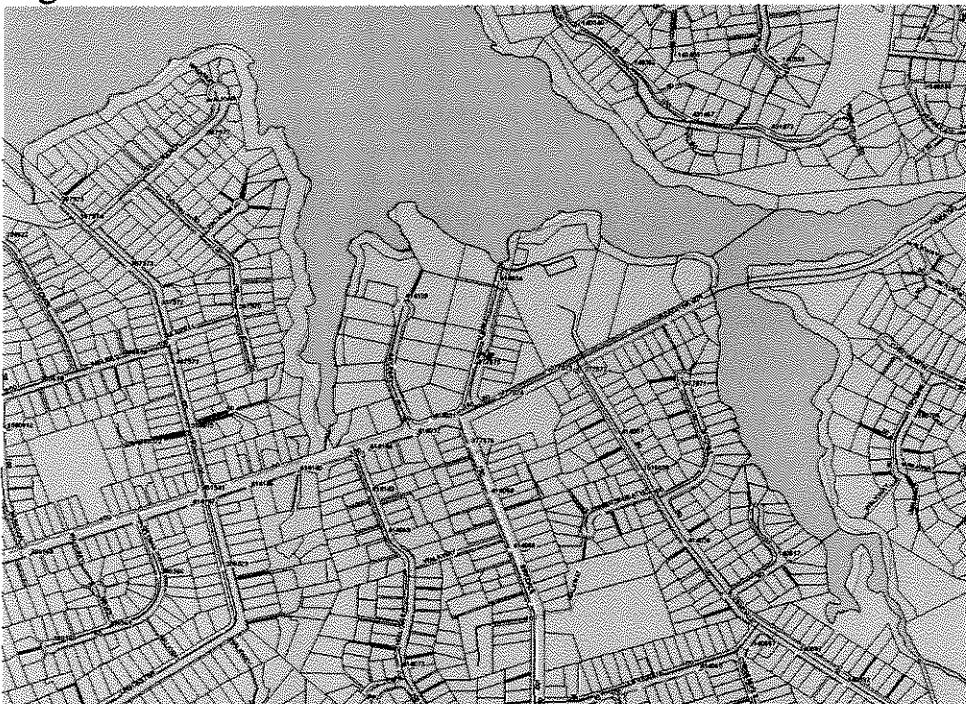


Figure 2

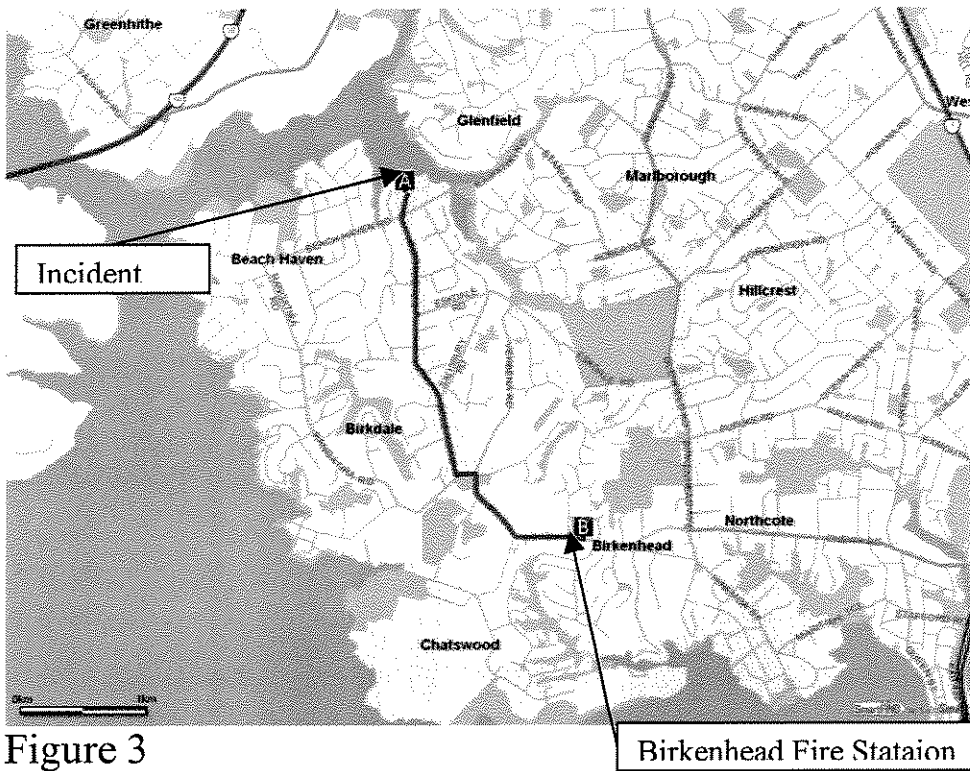
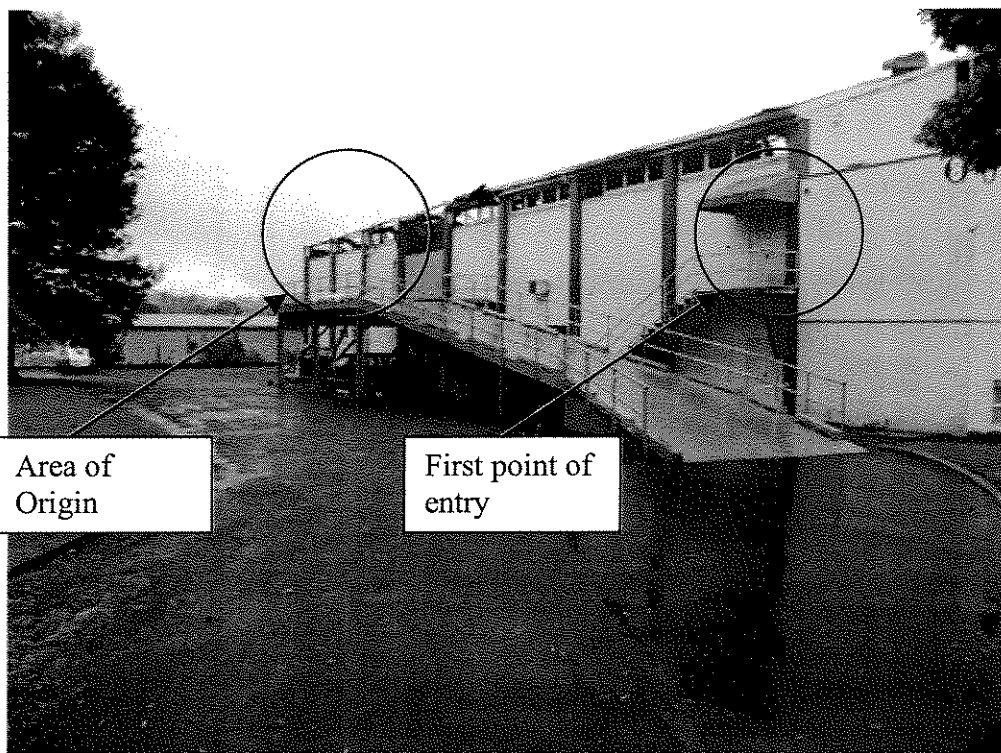
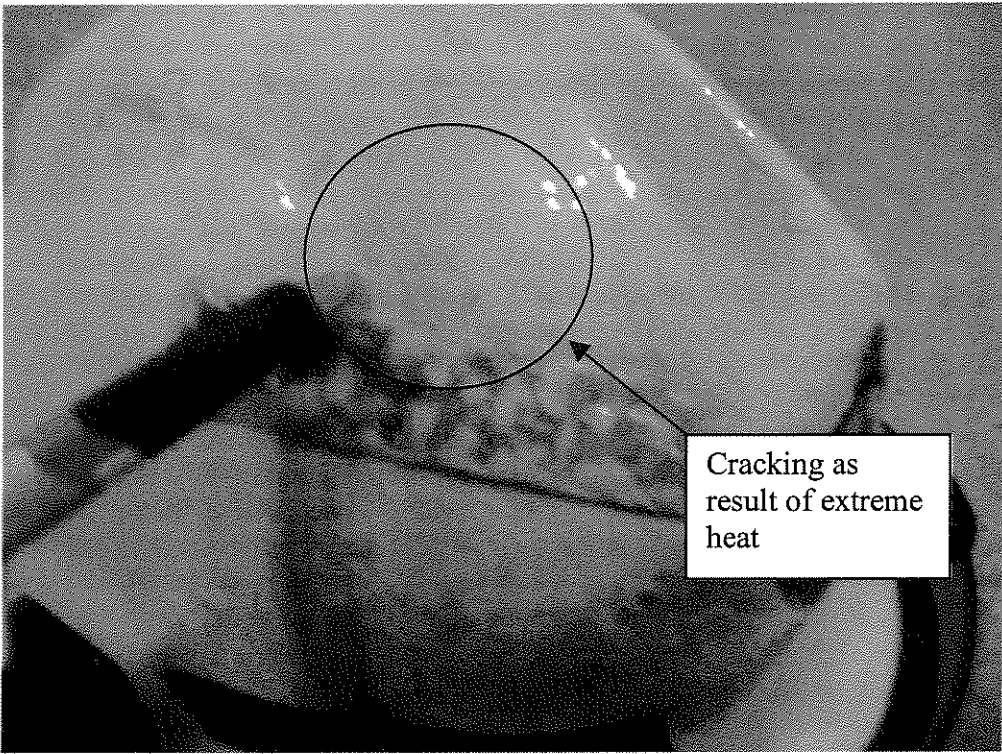


Figure 3

Appendix B







No visible damage to burn area



No visible damage to burn area

Appendix C



Communications Centres Greater Alarm Audit

Northern Comcen

| | | | |
|------------------|-------------------------------------|------------------|----------|
| Incident Number | F163587 | | |
| Date | 24/05/08 | | |
| Time Created: | 10:50:17 | Time Dispatched: | 10:51:41 |
| SSP Standard Met | yes | | |
| PFA Number | | | |
| Property Name | Unkown | | |
| Incident Address | 8B Kahika Rd, Birkdale, North Shore | | |
| Event Type | Structure | | |
| Inc Info Details | House Fire | | |

| | | |
|--|---|---|
| FIRST ALARM | | |
| Recommended PDA 2P BACKUP (SUN 00.00 SAT 23.59) BIRK821 BIRK822 ALBA851 | Dispatched By Comcen <i>BIRK821 BIRK822 ALBA851 AUCK205</i> | Comments RECEIVED MULTI CALLS TO A TWO STOREY BUILDING AND K88 PROCEEDING DISPATCHED AUCK205 |
| Calltaker Notifications NONE | Notifications Made | |
| Dispatcher Notifications Shift Manager | Notifications Made Shift Manager | Cover Moves |
| Shift Manager Notifications Multiple calls to property Confirmed fires hospitals 📍CFO/DCFO North Shore AUCK2014 OIC (ICU) | Notifications Made CFO/DCFO NORTH SHORE | |
| General Comments: Aerial appliance attached due to multiple calls to Two Storey Building | | |
| | | |



Communications Centres Greater Alarm Audit

Northern Comcen

| | | |
|---|---|---|
| SECOND ALARM | TIME DISPATCHED: 10:54:01 | |
| Recommended PDA 2PCU TAKA807 AUCK2014 | Dispatched By Comcen TAKA807 AUCK2014 | Comments SECOND ALARM TRANSMITTED ON ROUTE TO FIRE K99 PROCEEDING |
| Calltaker Notifications (As per web browser) Police Auckland <i>i</i> Ambulance Auckland <i>i</i> Power Authority <i>i</i> ARC-Pollution Hotline RESPOND FP AUCKLAND | Notifications Made (and Time) POWER AUTHORITY 10:57 AMBULANCE 10:57 POLICE 10:58 ARC POLLUTION 10:59 | |
| Dispatcher Notifications (As per web browser) SHIFT MANAGER | Notifications Made (and Time) SHIFT MANAGER | Cover Moves |
| Shift Manager Notifications (As per web browser) CFO/DCFO North Shore Duty <i>i</i> CFO/DCFO Auckland(1) Duty <i>i</i> CFO/DCFO Auckland(2) Duty <i>i</i> CFO/DCFO Auckland(3) Duty <i>i</i> OPO Auckland | Notifications Made (and Time) CFO/DCFO NORTH SHORE 10:55 DCFO AUCKLAND EAST 11:00 AFRC: Binning 11:00 FRC: Butt 11:00 OPO 11:01 | |



Communications Centres Greater Alarm Audit

Northern Comcen

| | | |
|---|--|---|
| THIRD ALARM | TIME DISPATCHED: 10:57 | |
| Recommended PDA AK88 PARN256 AUCK2015 AUCKFPOL8 GREE841 EAST831 EAST832 | Dispatched By Comcen PARN256 AUCK2015 AUCKFPOL8 GREE841 EAST831 EAST832 AUCK207 | Comments (State reason if PDA adjusted) ADDED 207 FOR THE FOLLOWING REASON: As per Operational Procedure No 2 Section - Part 1: It shall be the objective of the Comcen to respond the closest appliance(s), providing that District, time and distance are taken into consideration when comparisons are necessary. |
| Calltaker Notifications (As per web browser) FSO AUCKLAND NORTHERN | Notifications Made (and Time) FSO AUCKLAND NORTHERN 17 11:01 | |
| Dispatcher Notifications (As per web browser) SHIFT MANAGER | Notifications Made (and Time) | Cover Moves AVON601 – AUCKLAND CITY DEVO811 – TAKAPUNA WAIT671 – ALBANY |
| Shift Manager Notifications (As per web browser) AUCKLAND 3rd ALARM & ABOVE Group Page CFO/DCFO North Shore 1 x Duty CFO/DCFO Auckland Note: a total of 3 CFO/DCFO's are required | Notifications Made (and Time) AUCKLAND 3rd ALARM & ABOVE Group Page REFER OPS MANAGER PAGER CFO/DCFO North Shore AT SCENE DCFO 1 x Duty CFO/DCFO Auckland K0 CFO Note: a total of 3 CFO/DCFO's are required | |
| General Comments: AUCK207 RESPONDED FROM THE PONSONBY AREA AND ARRIVED BEFORE EAST832 AND GREE841 WHO ARE BOTH LISTED BEFORE PONSONBY ON THE BEAT LIST. 207 DIDN'T JUST BEAT THEM THERE THE DIFFERENCE WAS QUITE SIGNIFICANT (EAST832 5 MINS 30 SECONDS, AND GREE841 11 MINS 41 SECONDS) . THIS IS CLEAR EVIDENCE THAT THE BEAT LISTS ARE INACCURATE AND MISLEADING HSO AND DCFO NORTH SHORE PAGED AT 13:02 IN REGARDS TO INJURED FIREFIGHTER | | |



Communications Centres Greater Alarm Audit

Northern Comcen

| | | |
|--|--------------------------------------|--|
| FOURTH ALARM | TIME DISPATCHED: | |
| Recommended PDA | Dispatched By Comcen | Comments (State reason if PDA adjusted) |
| Calltaker Notifications (As per web browser) | Notifications Made (and Time) | |
| Dispatcher Notifications (As per web browser) | Notifications Made (and Time) | Cover Moves |
| Shift Manager Notifications | Notifications Made | |
| General Comments: | | |
| | | |



**Communications Centres
Greater Alarm Audit**

Northern Comcen

| | | |
|--|--------------------------------------|--|
| FIFTH ALARM | TIME DISPATCHED: | |
| Recommended PDA | Dispatched By Comcen | Comments (State reason if PDA adjusted) |
| Calltaker Notifications (As per web browser) | Notifications Made (and Time) | |
| Dispatcher Notifications (As per web browser) | Notifications Made (and Time) | Cover Moves |
| Shift Manager Notifications (As per web browser) | Notifications Made (and Time) | |
| General Comments: | | |
| Shift Manager Comments and Recommendations | | |
| Comcen Manager/Operations Manager Comments | | |
| Shift Manager: STEVE SMITH 01/ 06/2008 Comcen Manager ERIC SMITH / / | | |

Appendix D - Record of Interviews

| <u>Date</u> | <u>Person</u> | <u>Position</u> |
|-------------|-----------------|---------------------------|
| | Dave Beatson | Station Officer |
| | Matthew Salt | Senior Firefighter |
| | Chris Odea | Firefighter |
| | Terry Beaumont | Senior Firefighter |
| | Shaun Pilgrim | Senior Station Officer |
| | Wayne Highett | Deputy Chief Fire Officer |
| | Graeme Quensell | Station Officer |
| | Chris Todd | Station Officer |
| | Steve Smith | Communications Supervisor |
| | Eric Smith | Communications Manager |