**FIRE INCIDENT REPORT FORM**

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| **INDIVIDUAL FILING REPORT** |

**Full Name**: [FULL NAME] **Title/Role**: [TITLE/ROLE]

**Signature**: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/) **Date**: [DATE]

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| **INCIDENT DETAILS** |

**Date of Incident**: [DATE OF INCIDENT] **Time**: [TIME] [ ]  AM [ ]  PM

**Location**: [LOCATION]

**Type of Incident**: (select all that apply) [ ]  Alarm Activation [ ]  Building Evacuation

[ ]  Extinguisher Discharged

**Status of Fire Alarms**: [ ]  Working [ ]  Not Working [ ]  Not Present

**Suspected Cause of Incident**: [CAUSE OF INCIDENT]

**Describe the Incident**: [DESCRIBE THE INCIDENT]

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| **WITNESSES/PARTIES INVOLVED** |

1. **Full Name**: [FULL NAME] **Phone**: [PHONE] **E-Mail**: [EMAIL]

**Address**: [ADDRESS]

1. **Full Name**: [FULL NAME] **Phone**: [PHONE] **E-Mail**: [EMAIL]

**Address**: [ADDRESS]

1. **Full Name**: [FULL NAME] **Phone**: [PHONE] **E-Mail**: [EMAIL]

**Address**: [ADDRESS]

1. **Full Name**: [FULL NAME] **Phone**: [PHONE] **E-Mail**: [EMAIL]

**Address**: [ADDRESS]

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| **INJURIES/FATALITIES** |

**Was anyone injured?** [ ]  Yes [ ]  No **How many people were injured?** [#]

**If yes, describe the injuries**: [INJURY DESCRIPTION]

**Were there any fatalities?** [ ]  Yes [ ]  No **How many?** [#]

**If yes, list their names**: [FATALITIES]

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| **PROPERTY DAMAGE** |

**Was there any property or equipment damage?** [ ]  Yes [ ]  No

**If yes, describe the damages**: [DAMAGES]

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| **FIRE DEPT. / MEDICAL SERVICES** |

**Fire Dept. Notified?** [ ]  Yes [ ]  No

**If yes, at what time?** [TIME] [ ]  AM [ ]  PM **Time of Arrival**: [TIME] [ ]  AM [ ]  PM

**Was medical treatment provided?** [ ]  Yes [ ]  No [ ]  Refused

**If yes, where was medical treatment provided?**

[ ]  On site [ ]  Hospital [ ]  Other: [OTHER]

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| **OFFICE USE ONLY** |

**Report received by**: [FULL NAME]

**Signature**: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/) **Date**: [DATE]

**Follow-up action taken**: [FOLLOW-UP ACTION TAKEN]