**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]