

FIRE INCIDENT REPORT FORM

INDIVIDUAL FILING REPORT

Full Name: _____ Title/Role: _____

Signature: _____ Date: _____

INCIDENT DETAILS

Date of Incident: _____ Time: _____ AM PM

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: _____

Describe the Incident:

PARTIES INVOLVED

1. Full Name: _____ Phone: _____ E-Mail: _____
Address: _____

2. Full Name: _____ Phone: _____ E-Mail: _____
Address: _____

3. Full Name: _____ Phone: _____ E-Mail: _____
Address: _____

4. Full Name: _____ Phone: _____ E-Mail: _____
Address: _____

INJURIES/FATALITIES

Was anyone injured? Yes No

How many people were injured? _____

If yes, describe the injuries:

Were there any fatalities? Yes No

How many? _____

If yes, list their names: _____

PROPERTY DAMAGE

Was there any property or equipment damage? Yes No

If yes, describe the damages:

FIRE DEPT. / MEDICAL SERVICES

Fire Dept. Notified? Yes No

If yes, at what time? _____ AM PM

Time of Arrival: _____ AM PM

Was medical treatment provided? Yes No Refused

If yes, where was medical treatment provided?

On site Hospital Other: _____

OFFICE USE ONLY

Report received by: _____

Signature: _____ Date: _____

Follow-up action taken: