

FIRE INCIDENT REPORT

TYPE OF REPORT
 NEW REVISED

NAME OF FACILITY	REGION NO.	1. FACILITY NO.	2. INCIDENT NO.	3. DATE	4. DAY AND TIME OF ALARM (24 hour clock)
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5. WHAT HAPPENED	11. Fire in structure	15. Refuse call (outdoor trash)	61. Smoke scare (non-fire)
	13. Vehicle fire	30. Rescue call	71. Malicious false alarm
	14. Brush, tree fire	40. Hazardous condition - standby	79. Other false alarm
			99. Other:

NOTE: Continue below ONLY for Structure fire. Brief narratives should be placed on back of form.

6. TYPE OF BUILDING	119. Recreation	321. Day care	430. (Non)housekeeping qtrs	708. Maintenance Shop
	130. Chapel	331. Hospital	565. Laundries	882. Parking Garage
	140. Theatre	360. Psychiatric	590. Offices/outpatient	890. Warehouse
	311. Nursing home	410. 1 or 2 family	614. Energy plant	910. Property under construction
	312. Domiciliary	420. Apartment	627. Laboratory	009. Other:

7. PRIMARY IGNITION FACTOR	11. Arson (non-patient)	33. Falling asleep	50. Mechanical failure (i.e. electrical, part failure, part worn out)
	12. Arson (patient)	35. Cutting and/or welding	60. Improper design or construction
	21. Suspicious	40. Misuse of material (i.e. poor storage, improper fueling)	70. Poor operation (i.e. unattended, left on, collision)
	31. Discarded material (cig.)		99. Other:

8. BUILDING NO.	9. FIRE DEPARTMENT RESPONDED
	9. YES 0. NO

10. NO. OF INJURIES/FATALITIES	PATIENT, EMPLOYEES, VISITORS, ETC. DEATHS OR INJURIES PATIENT, EMPLOYEES, VISITORS, ETC. INJURIES VA FIREFIGHTER DEATHS VA FIREFIGHTER INJURIES	 <p>Complete supplemental report</p>
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11. AREA OF FIRE ORIGIN	01. Corridor	13. Small assembly (50-100 people)	22. Sleeping (5+)	31. Laboratory	61. Machinery room
	03. Stairway		23. Dining	33. Treatment/Therapy	64. Incinerator
	05. Lobby	14. Lounge	24. Kitchen	34. Operating	65. Maintenance shop
	11. Large assembly (seats 100 people)	15. Retail	25. Lavatory, locker room	35. Electrical Equip.	99. Other:
	12. Open room (100 plus people)	16. Library	26. Laundry	49. Storage	
		21. Sleeping (under 5)	27. Office	59. Elevators, chute, shaft	

12. EQUIPMENT INVOLVED IN IGNITION	10. Heating system only	40. Electrical system	81. Incinerator	99. Other:
	20. Cooking equipment	50. Non-patient care appliance	86. Elevator	
	30. Heating and cooling system	64. Patient care appliance	98. No equipment involved	

13. FORM OF HEAT IGNITION	10. Fuel fired equipment	30. Smoking materials	50. Hot object (i.e. lamp, ash)
	20. Electrical Equipment	40. Open flame (i.e. match, welding, candles)	99. Other

14. FIRST ITEM IGNITED	10. Structural component	34. Wearing apparel not on person	50. Supplies	76. Cooking material
	20. Furniture	35. Wearing apparel on person	61. Electrical wire	99. Other:
	31. Mattress, pillow	36. Curtains	65. Fuel	
	32. Bedding, blanket	44. Files	75. Trash	

15. METHOD OF EXTINGUISHMENT	1. Self-extinguished	4. Automatic extinguishment system	7. Fire department connected hoseline from standpipe
	2. Garden hose, bucket, sand, etc.	5. Preconnected hoseline from truck	9. Other:
	3. Portable extinguishers	6. Preconnected hoseline from standpipe	

16. ESTIMATED LOSS		
STRUCTURE \$	CONTENTS \$	

17. EXTENT OF DAMAGE		1. Confined to the object of origin	4. Confined to smoke zone	7. Extended beyond structure
FLAME	SMOKE	2. Confined to part of room of origin	5. Confined to floor of origin	9. No damage of this type
		3. Confined to room of origin	6. Confined to structure	0. Undetermined

18. DETECTOR PERFORMANCE	1. Detectors in the room of fire origin, and they operated	4. Detectors not in room of fire origin, nearby detectors did not operate
	2. Detectors not in the room of fire origin, detectors nearby operated	5. Detector in room of fire origin, fire too small to set off detector
	3. Detectors in the room of fire origin and they malfunctioned	8. No detectors present
		9. Other:

19. SPRINKLER (OR OTHER SUPPRESSION) PERFORMANCE	1. System operated	8. No equipment present
	2. System should have operated but didn't	9. Other:
	3. System present but fire too small to require operation	

20. PATH OF SMOKE TRAVEL	1. Air handling duct	4. Stairway	7. Utility opening in floor
	2. Corridor	5. Opening in construction	8. No significant smoke travel
	3. Elevator shaft	6. Utility opening in wall	9. Other:

SIGNATURE	TITLE	FTS TELEPHONE NO.	DATE
APPROVING SIGNATURE	TITLE	DATE	