

FIRE INCIDENT REPORT

FOR NOTIFICATION OF ANY FIRE OR FIRE RELATED INCIDENT
 (E.g. premises evacuation, alarm activation, building / vehicle fire, obstructed exit routes)

LOCATION					
DATE		TIME		COMPANY	
BUILDING				FLOOR AND ROOM	
CALL POINT/DETECTOR (delete as appropriate) LOCATION				IF DETECTOR - NUMBER:	
INCIDENT DETAILS AND PROBLEMS IDENTIFIED					
ACTION TAKEN AND FURTHER ACTION REQUIRED				DATE ACTION COMPLETED	LINE MANAGER PRINT NAME AND SIGN
<i>Tick if applicable</i>					
<input type="checkbox"/> Alarm Activated	<input type="checkbox"/> Fire Brigade Attended	<input type="checkbox"/> Extinguisher Discharged	<input type="checkbox"/> Building Evacuated		
CONTACT DETAILS (persons involved in incident)					
NAME				NAME	
CONTACT				CONTACT	
FORM COMPLETED BY					
NAME				EMAIL	
POSITION					

Office Use Only					
Fire <input type="checkbox"/>	Malicious <input type="checkbox"/>	Accidental <input type="checkbox"/>	Apparatus <input type="checkbox"/>	Vandalism <input type="checkbox"/>	Other <input type="checkbox"/>
Signature					
Date Received		Action		Ref No	