## Agency Fire Incident Report

Instructions: <u>All fires must be reported to the Regional Office by</u>	y phone within 24 hours of occurrence.	
Answer all questions applicable to this incident.	within 10 days of any fire incident	
This form must be received by the Regional Office		
Agency Name:	Date:	
Site Address:	City:	
Date Fire Occurred: Ti	me: am / pm	
Fire Location: Indoor  Outdoor  Roc	om of origin:	
What item(s) were burning:		
If indoors, did smoke or heat detectors cau	use alarm to sound: Yes $\Box$ No $\Box$	
Were fire drills / evacuation procedures fol	lowed: Yes 🗌 No 🗌	
Were there any injuries or fatalities to indiv	viduals served or staff: Yes $\Box$ No $\Box$	
If yes, describe on back of this sheet under Injuries / fatalities		
Was there property damage from fire, smoke or water: Yes $\Box$ No $\Box$		
Were Individuals Served relocated as a result of the fire: Yes $\ \square$ No $\ \square$		
If yes, where and when:		
Was the fire department called: Yes $\Box$ No $\Box$		
Name of responding department:		
Did the fire department respond promptly: Yes $\Box$ No $\Box$		
Were they able to extinguish the fire quickly: Yes $\Box$ No $\Box$		
Did they investigate the cause of the fire: Yes $\Box$ No $\Box$		
Did they determine the probable cause: Yes $\Box$ No $\Box$		
What was the cause:		
If a building system caused the fire, has it been repaired: Yes $\Box$ No $\Box$		
If the cause was intentional, were all individuals and staff interviewed: Yes $\Box$ No $\Box$		
If yes, who conducted the interview:and what action has the agency taken to prevent a reoccurrence:		
what action has the agency taken to prevent a reod	cuirence	

Injuries / F	atalities	
Property [	Damage	
Describe t	he progress of the fire, how	it spread, and what efforts were made to stop its
Name:		Signature:
	Print or Type full name	Dated:

ATTACH ADDITIONAL SHEETS IF NECESSAY, A COPY OF THE FIRE DEPARTMENT REPORT MAY BE REQUIRED BY THE REGIONAL OFFICE.