**Fire Incident Report Form**

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| Responsible Department: | Date: |
| Division Manager: | Phone: |
| Department Manager: | Phone: |
| Report Title: | Report ID: |
| **Incident Details** |
| Location: | Time: | Date: |
| **First Reported By:** |
| Name: | Department: | Phone: |
| Were there any injuries because of the fire? | [ ]  Yes [ ]  No |
| Was a fire extinguisher used during the incident response? | [ ]  Yes [ ]  No |
| Was the incident reported to the fire department? | [ ]  Yes [ ]  No |
| Did the fire department perform and firefighting services during their response? | [ ]  Yes [ ]  No |
| Property Damages (Explain): |  |
| Source of the Fire: |  |
| Presumed Cause of the Fire: |  |
| **Incident Description** (Attach images, illustrations, and other notes if necessary) |
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