**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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