

RISK MANAGEMENT

Fire Protection / Life Safety Fire Report

This report must be completed within 24 hours of any fire, regardless of the dollar loss.

Property Unit # Date of Report

Time Fire Department Notified Name of Person Discovering Fire

Name of Person Calling Fire Department Name of Fire Department Responding

Narrative: Attach a detailed summary of the incident.

INCLUDE:

- What happened?
- What was burning?
- What caused the fire?

WHAT ACTION WAS TAKEN BY:

- Associates
- Guests
- Fire Department

Estimated Fire Damage - Building Estimated Fire Damage – Contents

Smoke Damage – Building Smoke Damage – Contents

Number of associated injured Number of guest injured

Name and addresses of all injured employees and guests should be listed on an attachment.

Number of sprinkler heads activated Number and kind of extinguishers used

Did kitchen area hood system operate? YES NO

Check One: Water Powder CO2 Piranha

Name of Fire Department Official in Charge Phone Number

Name of person filing report Signature of person filing report