

FIRE LOSS REPORT

A fire loss report, with as much information as possible, shall be submitted to the Chief, Division of Safety Management within 5 calendar days, for all fires. **Note:** all sections require completion. Use n/a to indicate if a section is not applicable.

| | | |
|---|---|----------------------|
| 1. A. Region B. Agency | 2. Where did fire occur? A. Building No. B. Building Description C. Address D. Site Description E. Equipment Description | |
| 3. When discovered Date Hour | 4. Origin of alarm Who What (e.g., pull alarm) | 5. Type of Occupancy |

6. Story of fire

A. Professional fire fighter or other responsible person

B. Statement of Witnesses

7. Cause of fire

| | |
|----------------------|---|
| 8. How extinguished? | 9. What alarm or extinguishing equipment was available? |
|----------------------|---|

10. Were there any defects, inadequacies or deficiencies present in the fire protection equipment? Explain.

| | |
|---------------------------------|--------------------------------------|
| 11. Loss of life (give details) | 12. Personal injuries (give details) |
|---------------------------------|--------------------------------------|

13. ESTIMATE OF DAMAGE

| (a) Building(s) | (b) Contents | (c) Equipment | (d) Other | (e) Total |
|-----------------|--------------|---------------|-----------|-----------|
| \$ | \$ | \$ | \$ | \$ |

14. Were records, works of art or other irreplaceable contents destroyed or damaged.
If "yes" give details and estimates of values

Yes ___ No ___

15. Recommendations for preventing similar fires

| | | |
|-------------------------|-------|------|
| Reported by (Signature) | Title | Date |
|-------------------------|-------|------|

Click the 'Submit' button below to submit to the Chief, Division of Safety Management.