



FIRE REPORT

Occupant		Owner		ADDRESS OF FIRE, STREET NUMBER, CITY AND PROVINCE.	
TIME OF FIRE	<input type="checkbox"/> A.M.	DAY OF WEEK	DATE	MONTH	
HOUR	<input type="checkbox"/> P.M.			19	
BUILDINGS		CONTENTS		OTHERS	
LOSS	\$	\$	\$	TOTAL	\$
					LOSS COVERED BY INSURANCE
No. OF DEATHS		MEN	WOMEN	CHILDREN	No. OF INJURIES
					MEN
					WOMEN
					CHILDREN
ALSO COMPLETE FIRE CASUALTY-REPORT					
PROPERTY INDICATE THE PRINCIPAL USE OR OCCUPANCY OF THE BUILDING, STRUCTURE OR OTHER FACILITY, E.G., OFFICE, DWELLINGS, RESIDENTIAL SCHOOL, DAY SCHOOL, HOSPITAL, CLINIC, PRISON, THEATRE, CHURCH, CLUB, RESTAURANT, LAUNDRY, MERCANTILE STORE, BRIDGE, PIER, SHED, BARN, GARAGE, UTILITY, VEHICLE (TYPE), HEATING PLANT, LABORATORY, STORAGE (TYPE).					
PROPERTY TYPE <input type="checkbox"/> 1. BUILDING - SINGLE OCCUPANCY <input type="checkbox"/> 2. BUILDING-MULTIPLE OCCUPANCY <input type="checkbox"/> 3. VEHICLE <input type="checkbox"/> 4. OPEN STRUCTURE, BRIDGE <input type="checkbox"/> 5. TENT, AIR SUPPORTED STRUCTURE <input type="checkbox"/> 6. OUTDOOR AREA <input type="checkbox"/> 7. UNDERGROUND STRUCTURE <input type="checkbox"/> 8. PIER, WHARF <input type="checkbox"/> 9. UNCLASSIFIED OR UNKNOWN		PROPERTY MANAGEMENT <input type="checkbox"/> 1. GOVERNMENT OWNED & OCCUPIED <input type="checkbox"/> 2. GOVERNMENT OWNED & LEASED TO OTHERS <input type="checkbox"/> 3. PRIVATELY OWNED & LEASED TO GOVERNMENT <input type="checkbox"/> 4. UNDER CARE, CUSTODY, CONTROL OF OTHERS <input type="checkbox"/> 5. UNDER CONSTRUCTION OR DEMOLITION <input type="checkbox"/> 6. PRIVATELY OWNED & OCCUPIED <input type="checkbox"/> 9. OTHER THAN BUILDING, UNCLASSIFIED OR UNKNOWN.		CONSTRUCTION: FLOOR-CEILING ASSEMBLY <input type="checkbox"/> 1. OPEN WOOD JOIST <input type="checkbox"/> 2. WOOD JOIST WITH PLASTER OR PLASTER BOARD <input type="checkbox"/> 3. HEAVY TIMBER ON WOOD OR STEEL BEAM <input type="checkbox"/> 4. CONCRETE OR STEEL ON EXPOSED STEELWORK <input type="checkbox"/> 5. CONCRETE-NO EXPOSED STEELWORK <input type="checkbox"/> 9. OTHER THAN BUILDING, UNCLASSIFIED OR UNKNOWN	
HEIGHT <input type="checkbox"/> 1. ONE STOREY <input type="checkbox"/> 2. TWO STOREY <input type="checkbox"/> 3. THREE & FOUR STOREY <input type="checkbox"/> 4. FIVE & SIX STOREYS <input type="checkbox"/> 5. 7 - 12 STOREYS <input type="checkbox"/> 6. 13 - 24 STOREYS <input type="checkbox"/> 7. 25 - 43 STOREYS <input type="checkbox"/> 8. OVER 43 STOREYS <input type="checkbox"/> 9. OTHER THAN BUILDING, UNCLASSIFIED OR UNKNOWN		GROUND FLOOR AREA <input type="checkbox"/> 1. 0 - 999 SQ. FT. <input type="checkbox"/> 2. 1,000 - 4,999 SQ. FT. <input type="checkbox"/> 3. 5,000 - 9,999 SQ. FT. <input type="checkbox"/> 4. 10,000 - 24,999 SQ. FT. <input type="checkbox"/> 5. 25,000 - 49,999 SQ. FT. <input type="checkbox"/> 6. 50,000 - 99,999 SQ. FT. <input type="checkbox"/> 7. 100,000 - 499,999 SQ. FT. <input type="checkbox"/> 8. 500,000 SQ.FT. & OVER <input type="checkbox"/> 9. OTHER THAN BUILDING OR UNKNOWN		NO. BUILDING OCCUPANTS AT TIME OF FIRE <input type="checkbox"/> 1. 0 - 10 PEOPLE <input type="checkbox"/> 2. 11 - 60 PEOPLE <input type="checkbox"/> 3. 61 - 100 PEOPLE <input type="checkbox"/> 4. 101 - 300 PEOPLE <input type="checkbox"/> 5. 301 - 500 PEOPLE <input type="checkbox"/> 6. 501 - 1,000 PEOPLE <input type="checkbox"/> 7. OVER 1,000 PEOPLE <input type="checkbox"/> 9. OTHER THAN BUILDINGS, UNCLASSIFIED OR UNKNOWN	
PROPERTY VALUE <input type="checkbox"/> 1. \$ 0 - 999 <input type="checkbox"/> 2. \$ 1,000 - 9,999 <input type="checkbox"/> 3. \$ 10,000 - 24,999 <input type="checkbox"/> 4. \$ 25,000 - 99,999 <input type="checkbox"/> 5. \$ 100,000 - 249,999 <input type="checkbox"/> 6. \$ 250,000 - 999,999 <input type="checkbox"/> 7. \$1,000,000 - 4,999,999 <input type="checkbox"/> 8. \$5,000,000 & OVER <input type="checkbox"/> 9. OTHER THAN BUILDINGS, UNCLASSIFIED OR UNKNOWN		YEAR OF CONSTRUCTION <input type="checkbox"/> 1. BEFORE 1910 <input type="checkbox"/> 2. 1910 - 1919 <input type="checkbox"/> 3. 1920 - 1929 <input type="checkbox"/> 4. 1930 - 1939 <input type="checkbox"/> 5. 1940 - 1949 <input type="checkbox"/> 6. 1950 - 1959 <input type="checkbox"/> 7. 1960 - 1969 <input type="checkbox"/> 8. 1970 - <input type="checkbox"/> 9. OTHER THAN BUILDINGS, UNCLASSIFIED OR UNKNOWN		MANUAL FIRE EQUIPMENT AVAILABLE <input type="checkbox"/> 1. EXTINGUISHERS, FIRE HOSE & FIRE ALARM SYSTEM <input type="checkbox"/> 2. EXTINGUISHERS, & FIRE HOSE <input type="checkbox"/> 3. EXTINGUISHERS & FIRE ALARM <input type="checkbox"/> 4. EXTINGUISHERS <input type="checkbox"/> 5. FIRE HOSE & FIRE ALARM <input type="checkbox"/> 6. FIRE HOSE <input type="checkbox"/> 7. FIRE ALARM <input type="checkbox"/> 8. NONE <input type="checkbox"/> 9. OTHER THAN BUILDINGS, UNCLASSIFIED OR UNKNOWN	
SPRINKLER PROTECTION <input type="checkbox"/> 1. COMPLETE SYSTEM <input type="checkbox"/> 4. PARTIAL SYSTEM <input type="checkbox"/> 7. UNSPECIFIED <input type="checkbox"/> 8. NONE <input type="checkbox"/> 9. OTHER THAN BUILDING OR UNKNOWN		FIRE DETECTION SYSTEM <input type="checkbox"/> 1. COMPLETE SYSTEM <input type="checkbox"/> 5. PARTIAL SYSTEM <input type="checkbox"/> 7. UNSPECIFIED <input type="checkbox"/> 8. NONE <input type="checkbox"/> 9. OTHER THAN BUILDING OR UNKNOWN		OUTSIDE FIRE PROTECTION AVAILABLE <input type="checkbox"/> 1. MUNICIPAL FIRE DEPARTMENT & HYDRANT <input type="checkbox"/> 2. HYDRANTS ONLY <input type="checkbox"/> 3. MUNICIPAL FIRE DEPARTMENT ONLY <input type="checkbox"/> 5. FEDERAL GOVERNMENT FIRE DEPARTMENT & HYDRANTS <input type="checkbox"/> 7. FEDERAL GOVERNMENT FIRE DEPARTMENT ONLY <input type="checkbox"/> 8. NONE <input type="checkbox"/> 9. OTHER THAN BUILDING, UNCLASSIFIED OR UNKNOWN	
FIRE DEPARTMENT AVAILABLE <input type="checkbox"/> 1. FULL TIME <input type="checkbox"/> 2. VOLUNTEER <input type="checkbox"/> 3. COMBINED FULL TIME AND VOLUNTEER <input type="checkbox"/> 7. UNCLASSIFIED <input type="checkbox"/> 8. NONE <input type="checkbox"/> 9. OTHER THAN BUILDING OR UNKNOWN		ALARM TO FIRE DEPARTMENT <input type="checkbox"/> 1. TELEPHONE <input type="checkbox"/> 2. MUNICIPAL SYSTEM <input type="checkbox"/> 3. DETECTION SYSTEM <input type="checkbox"/> 4. MANUAL BUILDING SYSTEM <input type="checkbox"/> 5. SPRINKLER SYSTEM <input type="checkbox"/> 6. DIRECT VERBAL REPORT <input type="checkbox"/> 7. SIREN <input type="checkbox"/> 8. NONE <input type="checkbox"/> 9. OTHER THAN BUILDING, UNCLASSIFIED OR UNKNOWN		ACTION TAKEN <input type="checkbox"/> 1. EXTINGUISHED BY OCCUPANT <input type="checkbox"/> 2. BURNED OUT, NO EXTINGUISHMENT ATTEMPTED <input type="checkbox"/> 3. EXTINGUISHED BY FIRE DEPARTMENT <input type="checkbox"/> 4. INVESTIGATION ONLY <input type="checkbox"/> 5. REMOVAL OF HAZARD <input type="checkbox"/> 6. SHUT-OFF GAS, OIL, ELECTRICITY <input type="checkbox"/> 7. SALVAGE <input type="checkbox"/> 8. AMBULANCE SERVICE <input type="checkbox"/> 9. OTHER THAN BUILDING, UNCLASSIFIED OR UNKNOWN	

METHOD OF EXTINGUISHMENT INDICATE THE METHOD WHEREBY THE FIRE WAS CONTROLLED AND EXTINGUISHED. IF IT INVOLVED SEVERAL METHODS. REFER TO THAT ONE WHICH ESSENTIALLY CONTROLLED OR EXTINGUISHED THE FIRE, E.G., PUMP TANK, 1½" STANDPIPE HOSE, GARDEN HOSE, WATER BUCKET, MULTI-PURPOSE DRY CHEMICAL EXTINGUISHER, 1½" OR 2½" FIRE DEPART MENT HOSE LINE, FOAM VEHICLE, DRY CHEMICAL VEHICLE, SPRINKLER SYSTEM (WET, DRY, PRE-ACTION), OTHER AUTOMATIC SYSTEMS (CO ₂ , DRY CHEMICAL, HALON, FOAM SPARY), INCAPABLE OF CONTROL, NO EXTINGUISHMENT ATTEMPTED.		
LEVEL OF ORIGIN <input type="checkbox"/> 1. BASEMENT, SUB-BASEMENT <input type="checkbox"/> 2. CRAWL SPACE UNDER STRUCTURE <input type="checkbox"/> 3. GROUND FLOOR, GRADE LEVEL <input type="checkbox"/> 4. 2ND STOREY <input type="checkbox"/> 5. 3RD STOREY <input type="checkbox"/> 6. 4TH-12TH STOREY <input type="checkbox"/> 7. OVER 12 STOREYS <input type="checkbox"/> 8. ROOF LEVEL, INCLUDES ATTIC <input type="checkbox"/> 9. OTHER THAN BUILDING, UNCLASSIFIED OR UNKNOWN	EXTENT OF FIRE <input type="checkbox"/> 1. CONFINED TO OBJECT OF ORIGIN <input type="checkbox"/> 2. CONFINED TO PART OF ROOM OR AREA OF ORIGIN <input type="checkbox"/> 3. CONFINED TO ROOM OF ORIGIN <input type="checkbox"/> 4. CONFINED TO FLOOR AREA OF ORIGIN <input type="checkbox"/> 5. CONFINED TO BUILDING OF ORIGIN <input type="checkbox"/> 6. EXTENDED BEYOND BUILDING OF ORIGIN <input type="checkbox"/> 7. CONFINED TO ROOF <input type="checkbox"/> 9. OTHER THAN BUILDING, UNCLASSIFIED OR UNKNOWN	EXTENT OF OTHER DAMAGE <input type="checkbox"/> 1. CONFINED TO OBJECT OR ORIGIN <input type="checkbox"/> 2. CONFINED TO PART OF ROOM OR AREA OF ORIGIN <input type="checkbox"/> 3. CONFINED TO ROOM OF ORIGIN <input type="checkbox"/> 4. CONFINED TO FLOOR AREA OF ORIGIN <input type="checkbox"/> 5. CONFINED TO BUILDING OF ORIGIN <input type="checkbox"/> 6. EXTENDED BEYOND BUILDING OF ORIGIN <input type="checkbox"/> 7. CONFINED TO ROOF <input type="checkbox"/> 9. OTHER THAN BUILDING, UNCLASSIFIED OR UNKNOWN
AREA OF ORIGIN INDICATE SPECIAL OCCUPANCY WHERE FIRE ORIGINATED, E.G., CORRIDOR, STAIRWAY, SERVICE SHAFT DUCT, CHIMNEY, EXTERIOR WALL, ROOF, STORAGE AREA, DINING AREA, LAUNDRY, SLEEPING AREA, ELECTRONIC EQUIPMENT ROOM, OUTSIDE AREA, WASHROOM, LIBRARY, OFFICE, LABORATORY, FURNACE ROOM, WASTEPAPER ROOM, GARAGE, VEHICLE (CAB, ENGINE, CONTROL, PASSENGER AREA).		
OCCUPANT OF AREA OF ORIGIN <input type="checkbox"/> 1. OWNER OR EMPLOYEE <input type="checkbox"/> 2. LESSEE, RENTER, GUEST <input type="checkbox"/> 3. MAINTENANCE STAFF FOR REPAIR OR RENOVATION <input type="checkbox"/> 4. CONTRACTOR <input type="checkbox"/> 5. TRESPASSER <input type="checkbox"/> 6. UNOCCUPIED, INCLUDES ONLY PROPERTY UNOCCUPIED OVER 60 DAYS <input type="checkbox"/> 7. VACANT, INCLUDES ONLY PROPERTY WITHOUT CONTENTS <input type="checkbox"/> 9. OTHER THAN BUILDING, UNCLASSIFIED OR UNKNOWN	FUEL OR ENERGY (associated with the object bringing about ignition) <input type="checkbox"/> 1. WOOD, COAL, WASTE <input type="checkbox"/> 2. FUEL OIL, DIESEL OIL, KEROSENE <input type="checkbox"/> 3. GASOLINE <input type="checkbox"/> 4. NATURAL GAS <input type="checkbox"/> 5. PROPANE <input type="checkbox"/> 6. CIGARETTE, PIPE, CIGAR <input type="checkbox"/> 7. ELECTRICITY <input type="checkbox"/> 8. LIGHTING <input type="checkbox"/> 9. OTHER THAN BUILDING, UNCLASSIFIED OR UNKNOWN	FORM OR HEAT OF IGNITION <input type="checkbox"/> 1. SPARK, EMBER <input type="checkbox"/> 2. SPARK: ELECTRICAL <input type="checkbox"/> 3. SPARK: STATIC ELECTRICAL <input type="checkbox"/> 4. DIRECT FLAME <input type="checkbox"/> 5. FRICTION HEAT <input type="checkbox"/> 6. HOT OBJECT-DIRECT HEAT <input type="checkbox"/> 7. SPONTANEOUS IGNITION <input type="checkbox"/> 8. CIGARETTE, PIPE, CIGAR <input type="checkbox"/> 9. UNCLASSIFIED OR UNKNOWN
SOURCE OF IGNITION INDICATE THE SPECIFIC EQUIPMENT, DEVICE OR OBJECT WHICH BROUGHT ABOUT IGNITION, E.G., HEATING EQUIPMENT (GAS, OIL), ELECTRICAL EQUIPMENT (MOTOR, TRANSFORMER, PANEL, CORD, SWITCHBOARD, WIRING, SWITCH, OUTLETS, CIGARETTE, PIPE, CIGAR, EXPOSURE, ASHES, TV SET, LAMP, FIREWORKS, TARPOT, INCINERATOR, CHIMNEY, FRYER, AIR CONDITIONER, REFRIGERATOR, WELDING OR CUTTING EQUIPMENT, INTERNAL COMBUSTION ENGINE, BEARING, EXPLOSIVE, GRASS, BRUSH, GIVE MAKE AND MODEL WHERE APPLICABLE. HOTEL LIGHTING IS CLASSIFIED UNDER FUEL AND ENERGY.		
MATERIAL FIRST IGNITED INDICATE SPECIFIC MATERIAL IGNITED WHICH CREATED THE FIRE CONDITION, E.G., FLOORING, FLOOR COVERING; ROOF, CEILING, STRUCTURAL COMPONENT, BUILDING INSULATION, ELECTRICAL INSULATION, FURNITURE, DRAPERY, BEDDING, CLOTHING, TARPULIN, TAR, ASPHALT, POLISH, FLAMMABLE LIQUID OR GAS, DECORATIONS, WASTEPAPER, BOOKS, RUBBER, ACETYLENE, GRAIN, HAY, TREE, GRASS, BRUSH, OILY RAGS, WHERE POSSIBLE IDENTIFY THE NATURE AS WELL AS THE FUNCTION OF THE MATERIAL. NOTE: DO NOT CODE FUEL ASSOCIATED WITH SOURCE OF IGNITION WHICH CODED UNDER FUEL OR ENERGY.		
ACT OR OMISSION: PRIMARY & SECONDARY FACTORS INDICATE THE HUMAN ELEMENT BY WHICH SOMEONE HAS DONE SOMETHING OR FAILED TO DO SOMETHING AND WHICH RESULTED IN A FIRE, E.G., ARSON, INCENDIARISM, MISCHIEF, CHILDREN PLAYING MATCHES, THAWING, FUEL SPILL, FLAMMABLE LIQUID TO KINDLE FIRE, TOO CLOSE TO HEAT, IMPROPER STORAGE, SHORT CIRCUIT, MISUSE OF EQUIPMENT, MISUSE OF MATERIAL IGNITED, LACK OF MAINTENANCE, MECHANICAL FAILURE, CONSTRUCTION DESIGN OR INSTALLATION DEFICIENCY; HUMAN FAILING. SUCH AS PHYSICAL DISABILITY, INTOXICATION, AND VEHICLE ACCIDENTS, IN MANY INSTANCES MORE THAN ONE FACTOR SHOULD BE JUDGED AS OF PRIMARY OR SECONDARY IMPORTANCE. THIS SHOULD BE SO INDICATED.		
STORY OF FIRE- GIVE BRIEF ACCOUNT OF FIRE, DESCRIBING IN DETAIL THE ITEMS LISTED ABOVE AND NOTING ANY UNUSUAL OR UNDERLYING CONDITIONS WHICH AFFECTED THE FIRE. ATTACH NEWSPAPER CLIPPINGS AND PHOTOGRAPHS, IF AVAILABLE. USE ADDITIONAL SHEET, IF NECESSARY. STATE WHETHER OR NOT BUILDING EVACUATED AND GIVE REASONS.		
RECOMMENDATIONS-		
REPORTED BY	POSITION, DEPARTMENT	DATE