



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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CERTIFIED FAMILY HOME FIRE INCIDENT REPORT

www.cfhdhw.idaho.gov

Name of Home _____

Date and Time of Fire _____

Room of Fire Origin _____

Area Fire and/or Smoke Covered _____

Probable cause of fire _____

How was the fire discovered? By whom? _____

Were smoke detectors activated? _____

Was the fire department notified? _____

Were residents evacuated? _____

Were there any injuries? If yes, describe _____

How was the fire extinguished? _____

Is the home habitable? _____ Monetary Loss \$ _____

Action taken to prevent recurrence (Please use back of sheet if necessary) _____

Date _____ Signature _____

Please send this completed form to the Region Certified Family Home Surveyor.