

FACILITY FIRE INCIDENT REPORT

Facility Name

Address City Zip Code

Contact Person Phone Number

Date of Fire Time: AM PM
Day of week

How was the fire discovered? Detector Sprinkler

Patient/Resident Name:

Staff Name:

Other Specify

Was the fire alarm activated? If "Yes", how: Detector Manually Sprinkler Staff Patient/Resident
 Yes No Other Specify

Was the fire department notified? If "Yes", how: Phone Direct Line/Alarm
 Yes No If "No", why not

Were patients/residents evacuated? If "Yes": From room of origin To another facility
 Yes No Through fire or smoke doors To shelter or other
 Outside the building-

How long **Provide site map indicating location taken to.**

Monetary loss: Building: \$ Contents \$

Please provide and attach a separate narrative to include summaries on all of these items, as they relate to the incident:

- Room/location of fire origin:
- Area fire covered:
- Area smoke covered:
- Initial material ignited (*if known*):
- Probable source of ignition (*if known*):
- Probably cause of fire (*if known*):
- Actions taken to prevent recurrence:
- Problems encountered:
- Successes:

Complete and send all items to:
Bureau of Facility Standards
PO Box 83720
Boise ID 83720-0036
or email to: fsb@dhw.idaho.gov
or fax to: (208) 364-1888
Within 30 days of the incident

Person completing report:

Position

Phone Number

Current Date