

FIRE INCIDENT REPORT

Report each fire incident occurring within the home, during which a fire extinguisher was discharged or 9-1-1 was contacted and submit it to the certifying agent **within three (3) business days of the occurrence**.

PROVIDER INFORMATION

The provider is the adult responsible for maintaining the home and providing care to residents.

Full Legal Name:		Certificate Number:
Telephone Number: ()	Email:	
Physical Address:		
Physical City:	Physical State:	Physical Zip:

RESIDENT INFORMATION

Residents are the vulnerable adults living in the provider's home.

Full Legal Name:	Date of Birth:
Full Legal Name:	Date of Birth:
Full Legal Name:	Date of Birth:
Full Legal Name:	Date of Birth:

FIRE INCIDENT REPORT

Date of Fire Incident:	Time of Fire Incident: _____:_____	A.M. <input type="checkbox"/> P.M. <input type="checkbox"/>
Origin of the Fire:		
Extent of Damage:		

How and by Whom was the Fire Extinguished:

Injuries or deaths, if any:

CFH Provider's Signature:

Date: