This form should be completed if there is a fire alarm activation which did not cause damage to property/contents.

|  |  |
| --- | --- |
| Date of alarm  | Click here |
| Time of Activation |  |
| Internal or external location  | Internal |
| Residential building (in or near) |  |
| Non-residential building (in or near) |  |
| School/Department/Support Service |  |
| Floor or level involved |  |
| Room/flat number involved |   |
| Method of call | Choose |
| Cause of alarm | Choose |
| Evacuation | Choose |
| **Names of persons/Schools/Departments/Support Services who did not evacuate (if possible) :** |
| **Fire and Rescue Service attended** | **Yes / No** |
| ***Fire activation caused by:*** |
| **Security Supervisor**  |  | **Date** |  |