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** |  |