This form should be completed only if there is fire/smoke damage at the location (i.e. structure, fittings, contents).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date | | | Click here | | | |
| Time (24 hour clock) | | |  | | | |
| Residential Building (in or near) | | | Choose | | | |
| Non Residential Building (in or near) | | | Choose | | | |
| School/Department/Support Service | | |  | | | |
| Floor or level involved | | | Choose | | | |
| Room/flat Number involved | | |  | | | |
| Method of call | | | Choose | | | |
| Probable cause of fire | | | Choose | | | |
| **Additional details (e.g. damage):** | | | | | | |
| Evacuation | | Choose | | | | |
| **Names of persons/Schools/Departments/Support Services who did not evacuate (if possible) -** | | | | | | |
| Fire and Rescue Service attended | | Yes/No | | Advice given | | Yes/No |
| **Details:** | | | | | | |
| Injury/death -  If person/s is/are  injured complete an accident form for each person | Yes/No | Description of injured person - | | Choose | | |
| Form completed by (title/position) |  | | | Date | Click here to enter a date. | |