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. |