



RICK SCOTT  
GOVERNOR

ELIZABETH DUDDEK  
SECRETARY

OFFICE OF PLANS AND CONSTRUCTION

TEL: 850/412-4477

FAX: 850/922-6483

### FIRE INCIDENT REPORT

*(Complete and return one copy to the Office of Plans and Construction and one copy to the appropriate Agency Field Office within 10 to 15 days of the incident)*

Name of Facility: \_\_\_\_\_

Address of Facility: \_\_\_\_\_

Date and time of fire or explosion: \_\_\_\_\_

Location of fire within facility: \_\_\_\_\_

Name and title of person reporting fire: \_\_\_\_\_

Alarm/Signal device used: Pull Alarm \_\_\_\_\_ Detector \_\_\_\_\_ Phone \_\_\_\_\_

Was evacuation of facility necessary: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how many were evacuated: \_\_\_\_\_

Was smoke compartmentation utilized for evacuation? If so, describe. \_\_\_\_\_

Were there any deaths? Yes \_\_\_\_\_ No \_\_\_\_\_

Were there any injuries? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how many and describe injuries.



Type of fire fighting equipment used to extinguish fire:

Water \_\_\_\_\_ Dry Chemical \_\_\_\_\_ CO<sub>2</sub> \_\_\_\_\_ Halon \_\_\_\_\_ Hose \_\_\_\_\_  
Fire Extinguisher \_\_\_\_\_ None \_\_\_\_\_ Other \_\_\_\_\_

Known or probable cause of fire: \_\_\_\_\_

\_\_\_\_\_

Extent of flame, smoke, water or other damage: \_\_\_\_\_

\_\_\_\_\_

Estimated amount of dollars loss: \$ \_\_\_\_\_

What steps have been taken by the facility to prevent reoccurrence? \_\_\_\_\_

\_\_\_\_\_

Describe the local fire department participation. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Name & Title of Person Making this Report

\_\_\_\_\_  
Signature of Person Making this Report

\_\_\_\_\_  
Date of Report