

**Appendix B**  
**Form A - Fire Incident Report (Insurance)**  
[Section 6]



**Emergency Management  
and Fire Safety**

**Basic Fire Incident Report**

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Fire Department: \_\_\_\_\_ Incident Time: \_\_\_\_\_ Incident Date: \_\_\_\_\_  
use 24-hour clock day/ month/ year

Incident Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
street address/lot, block and plan #/land location description RM/Town/City/Village/Hamlet postal code

Incident Type: ☐ Structure Fire ☐ Vehicle Fire ☐ Vegetation Fire ☐ Garbage Fire

☐ Other: \_\_\_\_\_  
provide detail of fire incident if not classified above

Note: Complete and attach to this report a "Fire Detector and Extinguishing Equipment Report" and/or a "Casualty Report" as applicable

Mutual Aid ☐ Mutual Aid Received ☐ Mutual Aid Given

Resources  
Number of Apparatus \_\_\_\_\_ Number of Personnel \_\_\_\_\_  
list total number of apparatus responded list total number of personnel responded

Values  
Estimated Dollar Value of Property: \$ \_\_\_\_\_ Estimated Dollar Value of Damages: \$ \_\_\_\_\_  
Insurance File # \_\_\_\_\_ Insurance Company: \_\_\_\_\_

**Persons Involved**

Insurance Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Police Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Occupant's Name \_\_\_\_\_ Phone: \_\_\_\_\_

Property Use			
<input type="checkbox"/> Educational	<input type="checkbox"/> Mercantile / Business	<input type="checkbox"/> Storage	
<input type="checkbox"/> Health Care / Detention	<input type="checkbox"/> Industry / Utility	<input type="checkbox"/> Outside or special property	
<input type="checkbox"/> Residential	<input type="checkbox"/> Manufacturing		
<input type="checkbox"/> Other _____ <small>provide property use detail of the structure if not classified above</small>			
Number of buildings involved _____	Acres burned _____	Building height _____ <small>Total # of stories</small>	Floor size _____ <small>Indicate ft<sup>2</sup> or m<sup>2</sup></small>
Building Status			
<input type="checkbox"/> Under Construction	<input type="checkbox"/> Under major renovation	<input type="checkbox"/> Being demolished	
<input type="checkbox"/> Occupied	<input type="checkbox"/> Vacant and secured	<input type="checkbox"/> Undetermined	
<input type="checkbox"/> Idle / Not routinely used	<input type="checkbox"/> Vacant and unsecured		
<input type="checkbox"/> Other _____ <small>provide details of building status if not classified above</small>			
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## Fire Spread

- |  |   |
|--|---|
| <input type="checkbox"/> Confined to room of origin  | <input type="checkbox"/> Confined to building of origin |
| <input type="checkbox"/> Confined to floor of origin | <input type="checkbox"/> Beyond building of origin      |

## Mobile Property Involved

- ☐ None
- ☐ Not involved with ignition, but burned
- ☐ Involved with ignition, but did not burn
- ☐ Involved with ignition and burned

## Mobile Property Type

- |  |  |
|--|--|
| <input type="checkbox"/> Passenger or road transport | <input type="checkbox"/> Aircraft                              |
| <input type="checkbox"/> Freight road vehicle        | <input type="checkbox"/> Industrial, agriculture, construction |
| <input type="checkbox"/> Transport vehicle           | <input type="checkbox"/> Miscellaneous                         |
| <input type="checkbox"/> Water vessel                | <input type="checkbox"/> Unknown                               |

## Mobile Property Details

Make \_\_\_\_\_

Model \_\_\_\_\_

Licence number \_\_\_\_\_ Province \_\_\_\_\_ VIN \_\_\_\_\_

## Ignition Factors

## Area of Origin

*provide detailed description of the primary use of the area where the fire started - also check below as applicable*

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Means of egress<br><i>&gt;hallways, entrance areas, fire exits</i>            | <input type="checkbox"/> Storage areas<br><i>&gt;store rooms, closets, garages</i>              | <input type="checkbox"/> Transportation vehicle areas<br><i>&gt;passenger area, trunk, engine</i> |
| <input type="checkbox"/> Assembly areas<br><i>&gt;theaters, community halls, living rooms</i>          | <input type="checkbox"/> Service areas<br><i>&gt;conduit, pipes, elevator shaft</i>             | <input type="checkbox"/> Outside areas<br><i>&gt;streets, parking lots, railway tracks</i>        |
| <input type="checkbox"/> Function area<br><i>&gt;bedroom, kitchen, office, dining room</i>             | <input type="checkbox"/> Service or equipment areas<br><i>&gt;mechanical rooms, cells</i>       | <input type="checkbox"/> Other areas<br><i>&gt;areas not otherwise listed</i>                     |
| <input type="checkbox"/> Technical processing area<br><i>&gt;laboratories, operating rooms, stages</i> | <input type="checkbox"/> Structural areas<br><i>&gt;attics, crawl spaces, exterior of walls</i> | <input type="checkbox"/> Undetermined<br><i>&gt;area or origin cannot be determined</i>           |

## Heat Source

*provide detailed description of the heat source which ignited the first object to burn - also check below as applicable*

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Operating equipment<br><i>&gt;spark, ember, electrical arc, radiant heat</i>    | <input type="checkbox"/> Other open flame, smoker's materials<br><i>&gt;cigarettes, candles, match, lighter</i> | <input type="checkbox"/> Other heat sources<br><i>&gt;multiple heat sources</i>      |
| <input type="checkbox"/> Hot smouldering object<br><i>&gt;heat of friction, molten material, welding</i> | <input type="checkbox"/> Chemical, Natural heat sources<br><i>&gt;sunlight, spontaneous combustion</i>          | <input type="checkbox"/> Undetermined<br><i>&gt;heat source cannot be determined</i> |
| <input type="checkbox"/> Explosives, fireworks<br><i>&gt;blasting agent, munitions, fireworks</i>        | <input type="checkbox"/> Heat spread from another fire<br><i>&gt;flame contact, radiant heat, embers</i>        |  |

## Item First Ignited

*provide detailed description of the item first ignited - also check below as applicable*

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Structural component<br><i>&gt;wall coverings, framing, floor coverings</i>   | <input type="checkbox"/> Adornment, recreational items, signs<br><i>&gt;Christmas trees, awnings, tents, toys</i> | <input type="checkbox"/> Organic materials<br><i>&gt;agricultural crops, humans, animals</i>         |
| <input type="checkbox"/> Furniture, utensils<br><i>&gt;upholstery, cabinets, appliances</i>            | <input type="checkbox"/> Storage supplies<br><i>&gt;boxes, packing materials, pallets</i>                         | <input type="checkbox"/> General materials<br><i>&gt;books, trash, dust, lint, tires, fertilizer</i> |
| <input type="checkbox"/> Soft goods, wearing apparel<br><i>&gt;mattresses, linen, clothing, drapes</i> | <input type="checkbox"/> Liquids, piping, filters<br><i>&gt;flammable gases / liquids, pipes, ducts</i>           | <input type="checkbox"/> Undetermined<br><i>&gt;item first ignited cannot be determined</i>          |

## Cause of Ignition

*provide detailed description of the cause of ignition - also check below as applicable*

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Intentional<br><i>&gt;misuse of heat source, incendiary fire</i> | <input type="checkbox"/> Failure of equipment<br><i>&gt;equipment not functioning properly</i> | <input type="checkbox"/> Cause under investigation<br><i>&gt;origin and cause not yet determined</i> |
| <input type="checkbox"/> Unintentional<br><i>&gt;careless, reckless, accidental acts</i>  | <input type="checkbox"/> Act of nature<br><i>&gt;weather, floods, animal behaviour</i>         | <input type="checkbox"/> Cause undetermined<br><i>&gt;cause undetermined after investigation</i>     |



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### Factors Contributing to Ignition

*provide detailed description of the factors that allowed heat source and combustible materials to come into contact/combine*

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> <b>Misuse of materials</b><br><i>&gt;unsafe use or placement of heat source</i>               | <input type="checkbox"/> <b>Design, Installation Deficiency</b><br><i>&gt;design, construction, installation faults</i> | <input type="checkbox"/> <b>Fire spread or control</b><br><i>&gt;exposure, rekindle, controlled burns</i> |
| <input type="checkbox"/> <b>Mechanical failure, malfunction</b><br><i>&gt;worn components, control failure, leak</i>   | <input type="checkbox"/> <b>Operational Deficiency</b><br><i>&gt;collisions, unattended equipment</i>                   | <input type="checkbox"/> <b>Undetermined</b><br><i>&gt;ignition factors cannot be determined</i>          |
| <input type="checkbox"/> <b>Electrical failure, malfunction</b><br><i>&gt;short circuit, arcing, equipment failure</i> | <input type="checkbox"/> <b>Natural condition</b><br><i>&gt;wind, flood, animal behaviour</i>                           |   |

### Human Factors

*provide detailed description of the human factors related to the fire - also check below as applicable*

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> <b>Asleep</b><br><i>&gt;occupant(s) asleep at time of fire</i>                         | <input type="checkbox"/> <b>Possible mentally disabled</b><br><i>&gt;persons with permanent disabilities</i> | <input type="checkbox"/> <b>None</b><br><i>&gt;no persons involved</i> |
| <input type="checkbox"/> <b>Impaired by alcohol or drugs</b><br><i>&gt;impaired occupant(s) asleep or awake</i> | <input type="checkbox"/> <b>Physically disabled</b><br><i>&gt;permanent or temporary disabilities</i>        |  |
| <input type="checkbox"/> <b>Unattended</b><br><i>&gt;persons requiring care left unattended</i>                 | <input type="checkbox"/> <b>Multiple persons</b><br><i>&gt;note number of persons above</i>                  |  |

### Equipment Involved in Ignition

*provide detailed description of equipment involved in ignition - also check below as applicable*

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> <b>Heating, ventilation, air conditioning</b><br><i>&gt;furnace, fire place, stove, water heater</i> | <input type="checkbox"/> <b>Commercial and medical equipment</b><br><i>&gt;vending machines, O2 equipment</i>          | <input type="checkbox"/> <b>Electronic, other electrical equipment</b><br><i>&gt;computers, TVs, stereos, cash register</i> |
| <input type="checkbox"/> <b>Electrical distribution, lighting, power</b><br><i>&gt;distribution panels, outlet, lights</i>    | <input type="checkbox"/> <b>Garden tools, agricultural equipment</b><br><i>&gt;combine, chain saw, milking machine</i> | <input type="checkbox"/> <b>Personal and household equipment</b><br><i>&gt;clothes dryer, curling iron, powered toys</i>    |
| <input type="checkbox"/> <b>Shop tools and industrial equipment</b><br><i>&gt;power saw, welding torch, compressor</i>        | <input type="checkbox"/> <b>Kitchen and Cooking Equipment</b><br><i>&gt;Coffee maker, microwave, dishwasher</i>        | <input type="checkbox"/> <b>Other equipment involved in ignition</b><br><i>&gt;other equipment not listed, none</i>         |

Brand or Make \_\_\_\_\_

Serial Number or other identification \_\_\_\_\_

Model \_\_\_\_\_

Year of manufacture \_\_\_\_\_

### Remarks

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### Person Completing This Report

Name \_\_\_\_\_

Rank/Title \_\_\_\_\_

Phone \_\_\_\_\_

Work \_\_\_\_\_

Home \_\_\_\_\_

Cell \_\_\_\_\_

Representing \_\_\_\_\_  
*government agency, firm or corporation - provide address*

Other Forms filed with this Report:

☐ Casualty Report

☐ Fire Detector and Extinguishing Equipment Report