



Basic Fire Incident Report - Form A

Fire Department Name: _____

Line 1

Fire involved (check): suspicious circumstance injury(ies) # _____ Please submit a casualty report (Form C)
 a provincial building death(s) # _____ For ALL civilian and fire fighter casualties

Line 2

Address of the fire: _____ / _____ / _____
 street address/lot block and plan #/land location description RM/town/city name postal code

Line 3

Date fire occurred: _____ / _____ / _____ Time fire occurred: _____ am (circle one)
 day month year pm

Line 4

RCMP/Municipal Police notified (on death/suspicious fire) YES NO

RCMP/Municipal Police contacted: _____ Phone #: _____

Line 5 see instructions for line 5

Is the Property Insured YES NO If YES, Name of Insurance Company: _____

Insurance contact person (if known): _____ Phone #: _____

Estimated total value of property: \$ _____ Estimated damage: \$ _____ Insurance File: _____

Line 6

Name of person how they reported their
reporting the fire: _____ the fire to the Fire Department: _____ Phone #: _____

Line 7

Owner's Name: _____ Phone #: _____
 first name middle name/initial surname

Line 8

Owner's Address: _____
 street address or mailing address town/city postal code

Line 9

Occupant's Name: _____ Apt#: _____ Phone #: _____
If more than one occupant involved in the fire (ie: in an apartment building) use additional paper to list.

Line 10 see instructions for line 10

Property Use:(apartment, private dwelling, barn, storage of ..., store, business offices, hospital, restaurant, type of educational facility, manufacturing of .. hotel/motel, arena, rink, grain elevator, crops, grass, bush, forest, etc...) please be specific - if a vehicle, enter "vehicle" below and complete lines 14 to 21.

Describe Property: _____

Line 11

Building height (storeys): _____ Building area: sqft _____ Year built: _____

Line 12

Building occupant load: _____ # of persons in the building: _____ Did the fire department rescue occupants : IF YES # _____

Line 13 see instructions for line 13

Describe the construction of the building: _____

Line 14 see instructions for line 14 to 21

If a vehicle: (car, truck, [½ ton, ¾ ton, 3 ton delivery, mail truck, semi trailer hauling... {gasoline, grain, furniture, etc.}], train, airplane, boat etc.)

If equipment: (gas/electric/wood/oil - furnace, wood stove, motor, pump, clothes dryer, etc.) – Please be as specific as possible in describing.

Description of vehicle/equipment involved: _____

Line 15

Serial number: _____ License plate # (if vehicle): _____

Line 16

Name of the manufacturer of the vehicle/equipment involved: _____

Line 17

Model (number or name): _____ Year manufactured: _____

Line 18 (If Equipment)

Date purchased: _____ time in service:(years) _____ where installed: _____
(day/month/year)

Line 19 (If Equipment)

Installed by: _____ certification label & #: _____
 (owner, electrician, gas fitter, company name) (ULC, CSA, WHI, ULI, AND NUMBER)

Line 20 (If Equipment)

Last inspection/maintenance: _____ by whom: _____
 (date) (Owner, Electrician, Gas Fitter, Company Name)

Line 21 (If Equipment)

Action taken as result of last inspection/maintenance: _____

Line 22 see instructions for line 22

Describe as specifically as possible the following CIRCUMSTANCES of the fire:

Area of Origin: _____ **Level of Origin:** _____

Igniting Object: (What caused ignition) _____ Cooking equip., heating equip., electrical distribution equip., smokers material, open flame, exposure from another fire - please be as specific as possible in describing the object that caused ignition of the fire.

Fuel/Energy Associated with Igniting Object: (What fuel/energy powered the Igniting Object) _____
 Choose one of - Coal, wood, fuel oil, gasoline, natural gas, electricity, smoker's material, lightning.

Energy Causing Ignition: (Describe how the igniting object caused the fire) _____
 Choose one of - spark/ember, spark-electrical, static electricity, direct flame, friction heat, hot object, spontaneous ignition, smokers material, lightning.

Material First Ignited: (Describe what was ignited) _____ Structural component, wall/floor/ceiling finish, furniture, clothing/textile, wood/paper item, flammable/combustible liquid or gas, crops/grass/forest, etc... - please be as specific as possible.

Act or Omission: (Describe what action or inaction caused the fire) _____ Incendiary, suspicious, misuse of ignition/ material, mechanical/electrical malfunction, design/installation fault, human failing, vehicle accident, etc... - **Please be specific.**

REMARKS: _____

Line 23 see instructions for line 23

Did the building have: (check all that apply) ☐ smoke alarm(s) If YES what type? ☐ Battery Operated ☐ Hardwired ☐ Interconnected

If a smoke alarm was present, was it: ☐ in the room of fire origin ☐ not in the room of fire origin

Did the smoke alarm(s) operate? If NO why not? ☐ Battery dead or missing ☐ Alarm improperly located
☐ Circuit switched off ☐ Other _____

Check all that were installed in the building:

☐ fire alarm system (includes smoke/heat detectors, manual stations, alarms) ☐ sprinkler system (13D, 13R, 13)

☐ fire extinguisher(s) ☐ standpipe system ☐ other extinguishing system (describe) _____

Did the above device(s) or system(s) operate as designed/intended YES NO If NO, explain why (if known)

Line 24 see instructions for line 24

How was the fire discovered: _____

Line 25 If fire involved grassland, crops, forest or other wildland: Total Acres burned: _____

If the fire involved more than one area, indicate: Acres grassland: _____ Acres crops: _____ Acres forest: _____

Person completing this report or contact person for this fire if further information is required:

Name: _____

Phone Number (work): _____ (home): _____

Rank/Title: _____

Representing: (CIRCLE ONE) Fire Police Insurance Office of the Fire Commissioner **OFC01**



Fire Department Response to Fire Incident Report - Form B

YOU NEED NOT FILL IN LINES 1 TO 4 IF ATTACHED TO A BASIC INCIDENT REPORT FORM "A"

Fire Department Name: _____

Line 1

Date fire occurred: _____ / _____ / _____ Time fire occurred: _____ am (circle one)
day month year pm

Line 2

Address of the fire: _____ / _____ / _____
street address/lot block and plan #/land location description RM/town/city name postal code

Line 3

Owner's Name: _____ Phone #: _____
first name middle name/initial surname

Line 4

Owner's Address: _____ / _____ / _____
street address or mailing address town/city postal code

Line 5 see instructions for line 5

Time of alarm: _____ Time of arrival _____ Time of arrival _____ Time all vehicles back "in service": _____
(1st FD vehicle): (last FD vehicle):

Line 6

Number of FD vehicles dispatched **INITIALLY**: pumpers _____ aerials _____ tankers _____ utility _____ other _____

Line 7

Number of FD vehicles dispatched **TOTAL#**: pumpers _____ aerials _____ tankers _____ utility _____ other _____

Line 8

Distance of fire department response: _____ km (from fire hall to fire scene)

Line 9

Fire Fighters responded **INITIALLY**: _____ Fire Fighters responded **TOTAL NUMBER**: _____

Line 10 see instructions for line 10
(circle appropriate)

Mutual Aid: GIVEN RECEIVED Fire Protection Agreement Response: YES NO

Line 11 see instructions for line 11

Situation on arrival: _____

Line 12 see instructions for line 12

Give a brief description of the sequence and operations performed during the emergency, including the time it took to extinguish the fire and the equipment used or how the fire was extinguished. **Please use the reverse of this form.**

Fire Ground Operations: (circle all that apply)

rescue	forcible entry	ventilation	salvage	hydrant used
first aid	extrication	ladder(s) used	overhaul	water tank(er) used

Line 13 see instructions for line 13

Time to control fire: _____ minutes Time to extinguish fire: _____ minutes

Line 14

Weather condition: _____
(clear, cloudy, rain, snow, hail/sleet, electrical storm, fog (include ice fog), high winds (hurricane/tornado)

Temp: _____ Wind Direction (blowing to the): _____ Wind Speed: _____ Kmh

Person completing this report or contact person for this fire if further information is required.

Name: _____ /Rank _____

Phone Number (work): _____ (home): _____

OFC01

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YOU NEED NOT FILL IN LINES 1 & 2 IF ATTACHED TO A BASIC INCIDENT REPORT FORM "A"

Fire Department Name: _____

Line 1

Date fire occurred: _____ / _____ / _____ Time fire occurred: _____ am (circle one)
day month year pm

Line 2

Location of the fire: _____ / _____
street address/lot block and plan #/land location description RM/town/city name postal code

Line 3

Casualty's Name: _____ Phone #: _____
first name middle name/initial surname

Line 4

Casualty's Address: _____ / _____
street address or mailing address town/city postal code

Line 5

Casualty is a: CIVILIAN FIRE FIGHTER

Line 6

Casualty's Date of Birth: _____ or Age: _____ Sex: Male or Female (circle one)

Line 7

Casualty was a: ☐ MINOR INJURY
☐ LIGHT INJURY
☐ SERIOUS INJURY
☐ DEATH Date of Death: (if different than date of fire) _____

SELECT THE SINGLE MOST APPROPRIATE RESPONSE IN EACH SECTION

CONDITION OF CASUALTY

- ☐ Asleep at Time of Fire
- ☐ Bedridden or Other Physical Handicap
- ☐ Impairment by Alcohol, Drugs or Medication
- ☐ Awake & No Physical or Mental Impairment at the Time of Fire
- ☐ Under Restraint or Detention
- ☐ Too Young to React to Fire
- ☐ Mental Handicap - includes senility
- ☐ Child Left Unattended
- ☐ Condition of Casualty - unclassified
- ☐ Condition of Casualty - unknown

ACTION OF CASUALTY

- ☐ Injured While Attempting to Escape
- ☐ Over-Exertion, Heart Attack
- ☐ Voluntarily Entered or Remained for Rescue Purpose
- ☐ Voluntarily Entered or Remained for Fire Fighting
- ☐ Voluntarily Entered or Remained to Save Personal Property
- ☐ Loss of Judgement or Panic
- ☐ Received Delayed Warning Did Not Act
- ☐ Action of Casualty - unclassified
- ☐ Action of Casualty - unknown

CAUSE OF FAILURE TO ESCAPE

- ☐ Trapped by Rapid Spreading of Fire/Smoke - vertical openings
- ☐ Trapped by Rapid Spreading of Fire/Smoke - horizontal openings
- ☐ High Flame Spread of Combustible Interior Finish
- ☐ Building Collapse
- ☐ Falling Debris
- ☐ Explosion
- ☐ Exit Blocked, Locked, or Obstructed
- ☐ Outdoor Fire - includes forest/brush fires
- ☐ Cause of Failure to Escape - unclassified
- ☐ Cause of Failure to Escape - unknown

IGNITION OF CLOTHING OR OTHER FABRICS

- ☐ Outer Clothing
- ☐ Sleepwear
- ☐ Underclothing
- ☐ Costume
- ☐ Bedding or Bed Linen (includes pillow)
- ☐ Mattress
- ☐ Upholstered Furniture
- ☐ Rugs
- ☐ Ignition of Clothing or Other Fabrics - unclassified
- ☐ Ignition of Clothing or Other Fabrics - not applicable

INJURY OBSERVED

- ☐ Head, neck or spine.
- ☐ Wounds - incised, lacerated, puncture, etc.
- ☐ Heart attack or stroke.
- ☐ Bone injury or fracture.
- ☐ Burns/Scalds only.
- ☐ Asphyxia/Respiratory condition (smoke).
- ☐ Injury of muscle, ligaments or joints.
- ☐ Eye injury.
- ☐ Traumatic Shock.
- ☐ Heat illness, cold exposure or fatigue.
- ☐ Asphyxia (other than smoke or fire gases).
- ☐ Burns and Asphyxia (smoke).
- ☐ Unknown or unclassified
- ☐ Minor cuts and bruises.

FAMILIARITY WITH STRUCTURE

- ☐ Less than 1 day.
- ☐ 1 to 7 days.
- ☐ 8 to 30 days.
- ☐ 1 to 2 months.
- ☐ 3 to 6 months.
- ☐ 7 to 12 months.
- ☐ over 1 year.
- ☐ not a structure.
- ☐ unclassified or not reported.

LOCATION OF CASUALTY AT TIME OF IGNITION

- ☐ Intimately involved with ignition.
- ☐ In the same room as fire origin.
- ☐ On the same floor of fire origin.
- ☐ In the same building as fire origin.
- ☐ Outside building of fire origin.
- ☐ Off property of fire origin.

TYPE OF FABRIC OR MATERIAL IGNITED

- ☐ Cotton
- ☐ Wool
- ☐ Other Natural Fibre
- ☐ Other Synthetic Fibre
- ☐ Mixture of Fibers
- ☐ Rubber
- ☐ Plastics or Plastic Foam
- ☐ Type of Fabric or Material Ignited - unclassified
- ☐ Unclassified or not reported
- ☐ Type of Fabric or Material Ignited - not applicable

FIRE FIGHTER INJURY INFORMATION**CAUSE OF FIRE FIGHTER INJURY**

- ☐ Fell/slipped.
- ☐ Caught/trapped - in, by, between.
- ☐ Struck by.
- ☐ Contact with/exposure to.
- ☐ Over exertion/strain
- ☐ Exiting or escaping - jumped.
- ☐ Fire Department apparatus accident.
- ☐ Assaulted.
- ☐ Other (specify).

FIRE FIGHTER ACTIVITY AT TIME OF INJURY

- ☐ Riding vehicle - includes accidents where boarding a vehicle.
- ☐ Driving/operating apparatus.
- ☐ Extinguishing fire/neutralizing incident.
- ☐ Suppression support.
- ☐ Access/egress.
- ☐ Rescue.
- ☐ Miscellaneous incident scene activity.
- ☐ Station activity.
- ☐ Other activity.

WHERE FIRE FIGHTER INJURY OCCURRED

- ☐ En route/returning.
- ☐ At emergency scene - Outside at or above grade.
- ☐ At emergency scene - Outside below grade.
- ☐ At emergency scene - Inside structure at or above grade.
- ☐ At emergency scene - inside structure below grade.
- ☐ At emergency scene - Inside vehicle.
- ☐ At fire department managed location.
- ☐ At inspection site.
- ☐ Other.

FIRE FIGHTER CLOTHING (check box as indicating item was present or worn:)

- | | |
|--|---|
| <input type="checkbox"/> Helmet | <input type="checkbox"/> Helmet liner |
| <input type="checkbox"/> Face shield | <input type="checkbox"/> Other eye protection |
| <input type="checkbox"/> Coat (turnout) | <input type="checkbox"/> Pants (turnout) |
| <input type="checkbox"/> Gloves (mitts) | <input type="checkbox"/> Balaclava |
| <input type="checkbox"/> Breathing Apparatus | <input type="checkbox"/> Boots |

Fire fighter Employment: (circle one) Full Time Volunteer

Fire Fighter Experience: years _____

Did clothing contribute to injury YES NO If YES, include details in description below.
 Provide a brief description of the circumstances surrounding the injury or death: (civilian or fire fighter)

Person completing this report or contact person for this fire if further information is required.

Name: _____/Rank_____

Phone Number (work): _____

(home): _____