

# GSA FIRE INCIDENT REPORT

## SECTION I - INCIDENT *(Complete for all incidents)*

<b>A</b>	TYPE OF TRANSACTION <i>(Check one)</i> <input type="checkbox"/> NEW REPORT <input type="checkbox"/> MODIFY REPORT <input type="checkbox"/> DELETE REPORT						
<b>B</b>	INCIDENT NO.	REGION NO.	MO.	DAY	YR.	DATE OF WEEK	ALARM TIME
<b>C</b>	BUILDING NAME AND ADDRESS <i>(Street, City, State, ZIP Code)</i>			BUILDING NO.			
				FIXED PROPERTY <i>(Office, warehouse, etc.)</i>			
				MOBILE PROPERTY TYPE			
<b>D</b>	TYPE OF INCIDENT		OCCUPANTS WERE <i>(Check one)</i> <input type="checkbox"/> NOT EVACUATED <input type="checkbox"/> EVACUATED <input type="checkbox"/> RELOCATED <input type="checkbox"/> BOTH B AND C				
<b>E</b>	DID THE FIRE DEPARTMENT RESPOND? <i>(Check one)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO			FIRE DEPARTMENT CALLED VIA		FIRE DEPARTMENT RESPONDED WITHIN MINUTES OF NOTIFICATION	
<b>F</b>	BRIEF HISTORY OF INCIDENT <i>(Cover all important details - attach additional sheets as needed. Photos and/or sketches may be included.)</i>						
<b>G</b>	ACTION(S) TAKEN AND RECOMMENDATIONS TO PREVENT RECURRENCE						
<b>H</b>	PERSONNEL	NO. OF INJURIES	NO. OF DEATHS	LIST ACCIDENT NUMBER(S) <i>(GSA Form 3090 for all injuries and/or deaths)</i>			
	GSA						
	OTHER						
<b>I</b>	\$ LOSSES		GSA	OTHER FEDERAL	NON-FEDERAL		
	BUILDING						
	CONTENTS						
	EVACUATION						
	OTHER						

## SECTION II - FIRE *(Complete for all fires)*

<b>J</b>	AREA OF FIRE ORIGIN	EQUIPMENT INVOLVED IN IGNITION	
<b>K</b>	FORM OF HEAT OF IGNITION	TYPE OF MATERIAL IGNITED	FORM OF MATERIAL IGNITED
<b>L</b>	METHOD OF EXTINGUISHMENT	LEVEL OF FIRE ORIGIN	

## SECTION III - STRUCTURE FIRE *(Complete if structure fires)*

<b>M</b>	EXTENT OF FLAME DAMAGE	EXTENT OF SMOKE DAMAGE	
<b>N</b>	DETECTOR PERFORMANCE	SPRINKLER PERFORMANCE	
<b>O</b>	IF SMOKE SPREAD BEYOND ROOM OF ORIGIN	TYPE OF MATERIAL GENERATING MOST SMOKE	AVENUE OF SMOKE TRAVEL
<b>P</b>		FORM OF MATERIAL GENERATING MOST SMOKE	

## SECTION IV - PROPERTY

<b>Q</b>	MOBILE PROPERTY	YR.	MAKE	MODEL	SERIAL NO.	LICENSE NO. <i>(If any)</i>
<b>R</b>	EQUIPMENT INVOLVED IN IGNITION	YR.	MAKE	MODEL	SERIAL NO.	VOLTAGE <i>(If any)</i>

## SECTION V - PREPARER OF THIS REPORT

<b>S</b>	INVESTIGATOR'S SIGNATURE	DATE
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