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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. _____

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Type of fire fighting equipment used to extinguish fire:

Water_____ Dry Chemical_____ CO₂_____ 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