

Healthcare Facility Fire Incident Report Form

Facility Information

Facility Name:

Facility Address:

Department/Unit:

Incident Details

Date of Fire:

Time of Fire:

Exact Location of Fire (Room, Floor, etc):

Type of Fire:

Suspected Cause:

Discovered By:

Was the fire alarm activated?

Actions Taken

Describe actions taken (Evacuation, Fire Extinguisher Used, etc):

Type of Fire Extinguisher Used (if any):

Personnel/Fire Brigade Involved:

Impact & Outcome

Injuries (if any):

Damage Description:

Evacuation Required?

Estimated Service Downtime (hours):

Additional Notes / Comments

Reported By:

Date:

Supervisor/Manager Review (Name):

Date: