

Fire Incident Report

Industrial Facility

Date of Incident:

Time of Incident:

Location (Building/Area):

Reported by (Name & Position):

Contact Details:

Incident Details

Describe the sequence of events, how the fire was detected, alarms raised, evacuation process...

Time Alarm Raised:

Fire Department Arrival Time:

Fire Suppression Method Used:

Cause of Fire (if known):

Area(s) Affected:

Estimated Damage:

Injuries/Fatalities (if any)

Provide details of any injuries or fatalities, including names and extent of injuries.

Immediate Actions Taken

Describe firefighting efforts, evacuation, shutdown procedures taken etc.

Investigation & Recommendations

Summarize initial findings and recommended corrective actions to prevent recurrence.

Report Prepared By:

Position:

Signature:

Date: _____