

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: _____