

Fire Evacuation Incident Report Form

Hotel Premises

General Information

Date of Incident

Time of Incident

Location (Floor/Area/Room)

Reported By

Contact Details

Incident Details

Description of Incident

Action Taken (Evacuation Procedures, Alarms Activated, etc.)

Evacuation Details

Time Evacuation Started

Time Evacuation Completed

Areas Evacuated

Number of Persons Evacuated

Were All Persons Accounted For?

-- Select --



Injuries / Damage

Injuries or Fatalities (if any, specify)

Property Damage (if any, specify)

Witnesses

Witness Names & Contact Details

Reported To

Local Fire Department Notified?

-- Select --



Time Notified

Name & Signature of Person Completing Report

Date