

Fire Safety Incident Report Form

Incident Details

Date of Incident

Time of Incident

Location (Area/Room)

Type of Fire Incident

Select type

Description of the Incident

Briefly describe what happened...

Actions Taken

Actions Taken

Describe the immediate actions taken (e.g., alarms triggered, fire extinguished, evacuation, etc.)

Responders Involved

Staff, Fire Department, Security, etc.

Injuries & Damages

Any Injuries?

Select

Property Damage?

Select

Details of Injuries (if any)

Name(s), type of injury, action taken

Details of Damages (if any)

Describe property/equipment damaged

Reporting Information

Reported By

Full Name

Role/Position

e.g., Receptionist, Manager

Date

