

FIRE INCIDENT REPORT



For School Fires and False Fire Alarms

(form used to collect statistical data for the Surrey School District
Research, Communications & Safe Schools Dept & the City of Surrey Fire Service)

SCHOOL: _____ COURIER: _____ PHONE: _____

ADMIN OFFICER: _____ DATE: _____

FIRE INCIDENT

Date: _____ Time: _____ or when discovered? _____

Location of Fire: _____

Caused By: _____

Description of Visible Damage: _____

FALSE FIRE ALARM

Date: _____ Time: _____

Location of False Alarm: _____

Caused By: _____

ACTION TAKEN:

Did the RCMP attend? Yes No

Did the Fire Dept attend? Yes No

If not, why? _____

Who discovered the fire / false alarm? _____

If fire related, who extinguished the fire? _____

Comments / Recommendations: _____

FAX or SCAN COMPLETED FORM TO: Manager, Safe Schools - Fax: 604-595-6193

Email: safe-office@surreyschools.ca

SS DEPT USE ONLY: Additional Distribution: Facilities (Courier # 166) City of Surrey Fire Service

Other: Database entry completed: _____

(date)