



# FIRE INCIDENT REPORT

Complete and Email one copy to the Office of Plans and Construction at: [opc@ahca.myflorida.com](mailto:opc@ahca.myflorida.com)  
and Fax one copy to the appropriate Agency Field Office (see fax numbers at: [http://ahca.myflorida.com/MCHQ/Field\\_Ops/Field\\_Office\\_Info.shtml](http://ahca.myflorida.com/MCHQ/Field_Ops/Field_Office_Info.shtml)) within **15 days of the incident**)

Facility Type: \_\_\_\_\_

Licensed Facility Name: \_\_\_\_\_

Licensed Facility Address/City: \_\_\_\_\_

Fire or Explosion: Date \_\_\_\_\_ Time \_\_\_\_\_ AM \_\_\_ PM \_\_\_

Location of fire within facility (Building): \_\_\_\_\_

Name and title of person reporting fire: \_\_\_\_\_

Alarm/Signal device used: Pull \_\_\_ Detector \_\_\_

Other / Phone \_\_\_\_\_

Was evacuation of facility necessary: Yes \_\_\_ No \_\_\_

If yes, how many were evacuated: \_\_\_\_\_

Was smoke compartmentation utilized for evacuation? If so, describe. \_\_\_\_\_

Were there any deaths? Yes \_\_\_ No \_\_\_

Were there any injuries? Yes \_\_\_ No \_\_\_ If yes, how many and describe injuries

Type of firefighting equipment used to extinguish fire:

Water \_\_\_\_\_ Hose \_\_\_\_\_ Dry Chemical \_\_\_\_\_ Fire Extinguisher \_\_\_\_\_

CO<sub>2</sub> \_\_\_\_\_ Halon \_\_\_\_\_ None \_\_\_\_\_ Other \_\_\_\_\_

Known or probable cause of fire: \_\_\_\_\_

\_\_\_\_\_

Extent of flame, smoke, water or other damage: \_\_\_\_\_

\_\_\_\_\_

Estimated amount of dollars loss: \$ \_\_\_\_\_

What steps have been taken by the facility to prevent reoccurrence? \_\_\_\_\_

\_\_\_\_\_

Describe the local fire department participation. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Name & Title of Person Making this Report

\_\_\_\_\_  
Signature of Person Making this Report

\_\_\_\_\_  
Date of Report