## **OUTDOOR FIRE REPORT**

The following instructions are for completing the applicable forms when an outdoor fire incident occurs. Outdoor fires may include brush, grass, trees, playground equipment, barbecues, etc. where the fire is confined to the object. Should an Outdoor fire damage a detached structure or vehicle, a separate Structure Fire Report or Vehicle Fire Report will also need to be completed.

♦ This symbol represents fields that are required to be completed when submitting an Outdoor Fire Report.

#### **INCIDENT NUMBER**

	INCIDENT NUMBER						
LOCATION	YEAR	MONTH	DAY	HOUR	occ		

A fire *Incident Number* is a combination of six data items:

♦ Location Code This refers to the three letter code that applies to the area of jurisdiction

where the fire occurred.

E.g. "CVA" represents Vancouver. If the location code is not known,

refer to the Location Code Directory section.

♦ Year Enter the four digit year in which the fire incident occurred.

E.g. 2004 would be entered as "2004".

♦ Month Enter the two digit month in which the fire incident occurred.

E.g. January would be entered as "01".

♦ Day Enter the day of month in which the fire incident occurred.

E.g. 12<sup>th</sup> day of the month would be entered as "12".

♦ Hour Enter the time of day in which the fire incident occurred using the hour

ONLY of the 24-hour clock.

E.g. 23:04 hrs would be entered as "23".

♦ Occurrence Enter the order of occurrence in which the fire incidents happen within the

same hour of day using two digits starting with "01".

E.g. Three fire incidents occur within the same hour but at separate locations within the area of jurisdiction. The three incident reports will be sequential using the same location code, year, month, day, hour with the

occurrence numbers being "01", "02" and "03".

**Note:** This field also represents exposure fires that occur to separate,

detached properties.

### **REPORT TYPE**

TO CHANGE A PREVIOUS REPORT	T, MARK APPROPRIATE BOX
DELETE [	UPDATE

When changes are required to a previously submitted fire report, check the appropriate box. Enter the original Incident Number that requires changes and only the data in the fields that are to be updated.

To make corrections to an Incident Number of a previously submitted report, the record for that incident must first be deleted. Indicate in the remarks section what the new incident number should be.

#### RELATED TO WILDLAND/URBAN INTERFACE FIRE

RELATED TO WILDLAND/URBAN INTERFACE	

This field is strictly an indicator as to whether or not the fire incident was either caused by or caused a wildland interface fire. If yes, check the indicator box or if no, leave blank.

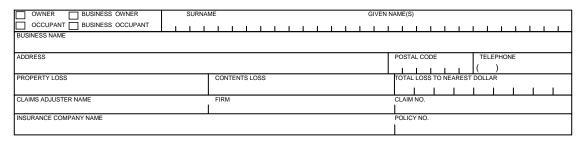
#### **LOCATION OF FIRE INCIDENT**

LOCATION OF FIRE INCIDENT (SUITE, NUMBER, STREET, CITY)		POSTAL CODE			
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♦ Enter the complete address where the fire incident occurred including the street number, street name, city and postal code. Enter the suite or apartment number if applicable.

If there is no specific address where the fire incident occurs, enter the street name along with a descriptor that would indicate the approximate location.

#### LOSS INFORMATION



This section of the report indicates a loss pertaining to either an individual or company. The loss information does not refer to the loss for the entire incident unless the entire loss is associated with one name.

♦ Status Indicate whether the dollar loss will be associated with an individual (owner or occupant) or Business (Business Owner or Business Occupant). Check off one box only.

♦ Name Enter the name of the individual which sustained the dollar loss.

*Note:* Enter unknown if name not obtainable.

#### Business Name

Enter the name of the business which sustained the dollar loss.

**Note:** Both the individual's name along with the business name can be entered as long as the business is owned by the individual. The "Status" will indicate which name will be associated with the dollar loss.

E.g. Status = Owner. The individual's name is John Smith and the business name is Smith Shoes. The dollar loss will be associated with John Smith because the Status is checked as Owner.

Address

Enter the address of the individual or business name entered above including postal code and telephone number.

#### Dollar Loss

Enter the loss estimate for property and contents and the total of both entered in the Total Loss field. Amounts should be in whole dollars; do not include cents.

The amounts entered are for the damaged caused by the fire only. Dollar losses entered do not reflect whether or not the individual/business has insurance coverage.

Losses entered are associated with the status and name entered. Losses suffered by other individuals are reported on a Fire Report - Additional Names.

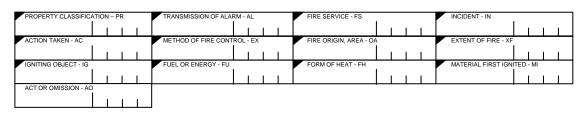
# Insurance Information

Enter Claims Adjuster Name and Firm along with Claim No.

rmation Enter Insurance Company Name and Policy No.

**Note:** The Insurance Information is not mandatory but should be included if data can be obtained.

#### FIRE REPORTING CODES



♦ Enter fields shown above with applicable coding. The data for each field can be found in the Code Structure section of the manual.

Please note, due to the number of Property Classification (PR) codes, the applicable codes for this category are listed below as they pertain to an Outdoor Fire Report.

7510 Lumberyards, building materials storage – outdoor only

7570 Timber, log storage – includes felling and rough cutting of trees, hewing of poles, blocks – outdoor only

7580	Pulpwood pile, cordwood storage – outdoor only
7972	Recycle Center – Outdoor storage (exposed to the elements)
7980	Pier, Wharf (storage in open area)
8110	Brush, grass & light ground cover on open land, field (Excludes forests
	classified as 8180, timber and log piles classified as 7570, and farm crops
	classified as 9250).
8120	Dumps – includes refuse disposal areas and dumps in open ground.
8130	Trees – includes individual trees only
8140	Fence, poles, railroad ties
8150	Trash / rubbish / recyclable – includes containers/dumpsters for disposal
	of rubbish or collection of bulk recyclables and personal incinerators.
	(Excludes public or industrial rubbish burners/facilities classified as
	structures.)
8160	Mailboxes, newspaper/publication vending box
8170	Cemetery
8180	Forest, standing timber
8190	Outdoor property – unclassified
8193	Players box – includes player box section of outdoor rinks
8210	Bridge, overpass, trestle – includes elevated road and railway
8220	Tunnel – includes underpass over 30m (98 ft) in length
8230	Underpass – includes tunnels 30m (98 ft) or less in length
8240	Aerial tramway – includes ski lifts, chair lifts, cable car, monorail
8290	Special connecting thoroughfare – unclassified (describe)
8910	Pier, wharf (If incident involves damage to products or materials stored in
	open area on pier, wharf only, classify as 7980.)
9250	Crops, orchards, straw stacks
9415	Hydro pole
9420	Electric light & power distribution system – includes high
	tension/telephone lines, transformers, outside generating plants
9950	Barbecue
9960	Grounds keeping equipment – lawnmower, irrigation equipment, etc.
9970	Snow blower
9980	Tillers
9990	Miscellaneous equipment - unclassified

# **NUMBER OF OCCUPANTS** (at time of fire)

NO. OF OCCUPANTS (AT TIME OF FIRE)	TOTAL INJURIES	TOTAL FATALITIES
0000		

Number of Occupants refers to the estimated number of people in the building at the time of the fire. This has been hardcoded to 0000 for Outdoor Fire Reports.

# **TOTAL INJURIES AND FATALITIES**

Enter the total number of either injuries and/or fatalities sustained from the fire incident. The numbers entered in these fields should match the number of Casualty Reports submitted for the same fire incident.

### PRODUCT/EQUIPMENT INFORMATION

ITEM TYPE	MAKE	MODEL	YEAR	SERIAL NO.
	1		1 1	

Enter the Item Type (sample list below) along with Make, Model, Year and Serial No. of the product or equipment that related directly to the source of ignition of the fire incident.

If product not identified, listing may be amended as required.

AC adapter power supply Heater, ceramic

Automobile Heater, gas fired baseboard Heater, oil filled electric Battery charger Heating pad, electric Bicycle Bread maker Hot & cold health bags Musical Christmas card Butane lighter

Butane refill cylinder Pellet stove

Candles Pellet wood stove Candles, liquid paraffin bottle Power bar 6 outlets

Coffee maker Smoke alarm

Coffee roaster Solvent recycle system

Crystallite liquid wax Television

Dryer, clothes Transformer – model train

Dryer, gas Travel trailer

Firelog, Duraflame Turbo in-line bilge blower Watercraft

Firelog, Northland

#### PROPERTY VALUE AT RISK

Glade air freshener

PROPERTY VALUE AT RISK (FOR INCIDENT)	CONTENTS VALUE AT RISK (FOR INCIDENT)	TOTAL VALUE AT RISK (FOR INCIDENT)		

Value at Risk refers to the estimated cash value of the property including its contents that are at risk from the fire condition. Values should be in whole dollars; do not include cents.

Note: Property value includes structures, vehicles, hedges, etc. It does NOT include the land that the property resides on. Neighboring properties are also NOT to be included.

#### **REMARKS**



Enter a brief statement that describes the events or actions which led to or precipitated ignition. If additional space is required use a blank sheet of paper and attach it to the Fire Report.

# **REPORTER INFORMATION**

NAME OF INVESTIGATOR (PLEASE PRINT)	LAFC BADGE NUMBER	TELEPHONE	REPORT DATE
	(IF APPLICABLE)	( )	(YYYY/MM/DD)

♦ The information entered should be that of the person who completed the investigation including name, LAFC badge number (if applicable), telephone and date that the report is completed.



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LOCATION	YEAR	MONTH	DAY	HOUR	occ	
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TO CHANGE A PREVIOUS REPORT, MARK APPROPRIATE BOX						
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OFFICE OF THE FIRE COMMISSIONER	FIRE	REPORT	TOCHA	DELE"	TE UP		MATERC	)A		
PO Box 9201 Stn. Prov. Govt. Victoria BC V8W 9J1				☐ RELATED TO WILDLAND/URBAN INTERFACE						
TEL (250) 952-4913 FAX (250) 952-4888										
LOCATION OF FIRE INCIDENT (SUITE, NUMBER, ST	TREET, CITY)					POSTAL CO	DE			
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THE FOLLOWING SECTION REFERS TO SEL	ECTED STATUS:									
	SURNAME		GIVE	EN NAME(S)						
BUSINESS NAME						1 1 1				
ADDRESS				POSTAL CO	DE TE	ELEPHONE				
					(	)				
PROPERTY LOSS	CONTENTS LC	OSS		TOTAL LOS	S TO NEAREST DOI	_LAR I I	1			
CLAIMS ADJUSTER NAME	FIRM			CLAIM NO.						
INSURANCE COMPANY NAME				POLICY NO.					_	
PROPERTY CLASSIFICATION – PR	TRANSMISSION OF ALARM - AL	FIRE SERV	ICE - FS		INCIDENT - IN	1				
ACTION TAKEN - AC	METHOD OF FIRE CONTROL - E	X FIRE ORIGI	IN, LEVEL - OA		EXTENT OF FI	RE - XF			_	
IGNITING OBJECT - IG	FUEL OR ENERGY - FU	FORM OF H	HEAT - FH		MATERIAL FIRE	ST IGNITED	- MI			
ACT OR OMISSION - AO	1 1	NO. OF OCC	UPANTS (AT TIME O		TOTAL INJURIES	TOTAL	L FATALI	ITIES	_	
			0 0	0 0						
THE FOLLOWING SECTION REFERS TO PRO	MAKE	ED TO IGNITION SOURCE	MODEL		YEAR	SEF	RIAL NO.			
PROPERTY VALUE AT RISK (FOR INCIDENT)	CONTENTS VA	LUE AT RISK (FOR INCIDEN	T)	TOTAL VALU	UE AT RISK (FOR IN	CIDENT)				
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REMARKS: EXPLAIN CIRCUMSTANCES UNDER WH	HICH FIRE ORIGINATED									
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NAME OF INVESTIGATOR (PLEASE PRINT)		LAFC BADGE NUMBE (IF APPLICABLE)	R TELEPHON	E		ORT DATE //MM/DD)			_	