



OUTDOOR FIRE REPORT

OFFICE OF THE FIRE COMMISSIONER
PO Box 9201 Stn. Prov. Govt.
Victoria BC V8W 9J1
TEL (250) 952-4913 FAX (250) 952-4888

Table with columns: LOCATION, YEAR, INCIDENT NUMBER (MONTH, DAY, HOUR), OCC

TO CHANGE A PREVIOUS REPORT, MARK APPROPRIATE BOX
[] DELETE [] UPDATE
[] RELATED TO WILDLAND/URBAN INTERFACE

LOCATION OF FIRE INCIDENT (SUITE, NUMBER, STREET, CITY) POSTAL CODE

THE FOLLOWING SECTION REFERS TO SELECTED STATUS:

Form with fields: OWNER, BUSINESS OWNER, OCCUPANT, BUSINESS OCCUPANT, SURNAME, GIVEN NAME(S), BUSINESS NAME, ADDRESS, POSTAL CODE, TELEPHONE, PROPERTY LOSS, CONTENTS LOSS, TOTAL LOSS TO NEAREST DOLLAR, CLAIMS ADJUSTER NAME, FIRM, CLAIM NO., INSURANCE COMPANY NAME, POLICY NO.

Grid of incident details: PROPERTY CLASSIFICATION - PR, TRANSMISSION OF ALARM - AL, FIRE SERVICE - FS, INCIDENT - IN, ACTION TAKEN - AC, METHOD OF FIRE CONTROL - EX, FIRE ORIGIN, AREA - OA, EXTENT OF FIRE - XF, IGNITING OBJECT - IG, FUEL OR ENERGY - FU, FORM OF HEAT - FH, MATERIAL FIRST IGNITED - MI, ACT OR OMISSION - AO, NO. OF OCCUPANTS (AT TIME OF FIRE), TOTAL INJURIES, TOTAL FATALITIES

THE FOLLOWING SECTION REFERS TO PRODUCT/EQUIPMENT RELATED TO IGNITION SOURCE:

Table with columns: ITEM TYPE, MAKE, MODEL, YEAR, SERIAL NO.

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

REMARKS: EXPLAIN CIRCUMSTANCES UNDER WHICH FIRE ORIGINATED.

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