



OFFICE OF THE FIRE COMMISSIONER
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Victoria BC V8W 9J1
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FIRE REPORT (Product/Equipment)

Table with columns: LOCATION, YEAR, MONTH, DAY, HOUR, OCC. Sub-header: INCIDENT NUMBER

ITEM TYPE _____

ITEM DESCRIPTION _____

MAKE _____

CERTIFICATION AGENCIES 1. _____
(EXAMPLE: CSA, UL) (MAX 5)

MODEL _____

2. _____

YEAR _____

3. _____

LICENSE NO. _____

4. _____

SERIAL NO. _____

5. _____

REMARKS:

ITEM TYPE _____

ITEM DESCRIPTION _____

MAKE _____

CERTIFICATION AGENCIES 1. _____
(EXAMPLE: CSA, UL) (MAX 5)

MODEL _____

2. _____

YEAR _____

3. _____

LICENSE NO. _____

4. _____

SERIAL NO. _____

5. _____

REMARKS:

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