



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

STRUCTURE FIRE REPORT

INCIDENT NUMBER					
LOCATION	YEAR	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
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THE FOLLOWING SECTION REFERS TO SELECTED STATUS:

<input type="checkbox"/> OWNER	<input type="checkbox"/> BUSINESS OWNER	SURNAME	GIVEN NAME(S)
<input type="checkbox"/> OCCUPANT	<input type="checkbox"/> BUSINESS OCCUPANT		
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.	

PROPERTY COMPLEX - PC	PROPERTY CLASSIFICATION - PR	GENERAL CONSTRUCTION - GC	BUILDING HEIGHT - BH
GROUND FLOOR AREA - GF	YEAR OF CONSTRUCTION - YC	MANUAL FIRE PROTECTION - MF	OUTSIDE FIRE PROTECTION - OF
SPRINKLER PROTECTION - SP	AUTOMATIC FIRE ALARM SYSTEM - AD	SMOKE ALARM OPERATION - SD	INITIAL DETECTION - ID
TRANSMISSION OF ALARM - AL	FIRE SERVICE - FS	INCIDENT - IN	ACTION TAKEN - AC
METHOD OF FIRE CONTROL - EX	FIRE ORIGIN, LEVEL - LV	FIRE ORIGIN, AREA - OA	EXTENT OF FIRE - XF
EXTENT OF DAMAGE - XD	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:

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)
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REMARKS: EXPLAIN CIRCUMSTANCES UNDER WHICH FIRE ORIGINATED.

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