

## **FIRE REPORT - Product/Equipment**

The following instructions are for completing the applicable form when/if products or equipment are directly related to the source of ignition or if vehicles were lost as contents of the fire incident.

### **INCIDENT NUMBER**

INCIDENT NUMBER					
LOCATION	YEAR	MONTH	DAY	HOUR	OCC

This section must be identical to the Incident Number as recorded on the original Fire Report.

### **PRODUCT/EQUIPMENT INFORMATION**

ITEM TYPE \_\_\_\_\_

ITEM DESCRIPTION \_\_\_\_\_

MAKE _____	CERTIFICATION AGENCIES 1. _____ <small>(EXAMPLE: CSA, UL) (MAX 5)</small>	1. _____
MODEL _____		2. _____
YEAR _____		3. _____
LICENSE NO. _____		4. _____
SERIAL NO. _____		5. _____

**REMARKS:**

Enter the Item Type (listed below) along with Item Description (a more detailed description of the Item Type), Make, Model, Year, License No. and Serial No. of product or equipment.

- |   |  |
|---|--|
| AC adapter power supply<br>Automobile<br>Battery charger<br>Bicycle<br>Bread maker<br>Butane lighter<br>Butane refill cylinder<br>Candles<br>Candles, liquid paraffin bottle<br>Coffee maker<br>Coffee roaster<br>Crystallite liquid wax<br>Dryer, clothes<br>Dryer, gas<br>Firelog, Duraflame<br>Firelog, Northland<br>Glade air freshener | Heater, ceramic<br>Heater, gas fired baseboard<br>Heater, oil filled electric<br>Heating pad, electric<br>Hot & cold health bags<br>Musical Christmas card<br>Pellet stove<br>Pellet wood stove<br>Power bar 6 outlets<br>Smoke alarm<br>Solvent recycle system<br>Television<br>Transformer – model train<br>Travel trailer<br>Turbo in-line bilge blower<br>Watercraft |
|---|--|

Certification Agencies      Enter the agencies which certified the product or equipment. There may be only one agency or up to five agencies. E.g. CSA, UL, ULC, etc.

Remarks                      Include remarks pertaining to the product or equipment listed as it relates to the fire incident.

**REPORTER INFORMATION**

NAME OF INVESTIGATOR (PLEASE PRINT)	L AFC BADGE NUMBER (IF APPLICABLE)	TELEPHONE (    )	REPORT DATE (YYYY/MM/DD)
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The information entered should be that of the person who completed the investigation including name, L AFC badge number (if applicable), telephone and date that the report is completed.



Office of the  
Fire Commissioner



# FIRE REPORT (Product/Equipment)

OFFICE OF THE FIRE COMMISSIONER  
PO Box 9214 Stn. Prov. Govt.  
Victoria BC V8W 9J1  
TEL 1-888-988-9488 FAX (250) 356-7699

INCIDENT NUMBER					
LOCATION	YEAR	MONTH	DAY	HOUR	OCC

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)	L AFC BADGE NUMBER (IF APPLICABLE)	TELEPHONE ( )	REPORT DATE (YYYY/MM/DD)
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