



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)

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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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