

OFFICE OF THE FIRE COMMISSIONER

PO Box 9214 Stn. Prov. Govt.



## 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

TEL 1-888-988-9488 FAX (250) 356-7699					RELATED TO WILDLAND/URBAN INTERFACE						
					·						
LOCATION OF FIR	E INCIDENT (SUITE	, NUMBER, STRE	ET, CITY, PROVINCI	E, POSTAL CODE)							
THE FOLLOWIN	G SECTION REF	ERS TO SEL	ECTED STAT	<b>US:</b> (COMPLETE "ADDITIONAL	NAMES" FIRE REPORT IF	F MORE PEOPLE AR	E INVOLVED	))			
OWNER OCCUPANT	BUS OWN. BUS OCC.	WITNESS	LAST NAME	LAST NAME FIRST NAME							
CASUALTY			COMPANY NAME								
(IF CHECKED COMPLIADDRESS (SUITE,			ROVINCE)				POSTAL C	ODE	TELEF	PHONE (XXX) XXX-XXXX	
PROPERTY LOSS	PROPERTY LOSS CC				CONTENTS LOSS			LOSS TO NEARES	3T DOL	LAR	
CLAIMS ADJUSTE	R NAME			FIRM		CLAIM NO.					
INSURANCE COMI	PANY NAME						POLICY	NO.			
PROPERTY COM	MPLEX - PC		PROPERTY CLA	SSIFICATION - PR	GENERAL CON	NSTRUCTION - GC		BUILDING	BUILDING HEIGHT - BH		
GROUND FLOOR	R AREA - GF		YEAR OF CONSTRUCTION - YC		MANUAL FIRE PROTECTION - MF		OUTSIDE FIRE PROTECTION - OF				
SPRINKLER PRO	OTECTION - SP		AUTOMATIC FIRE ALARM SYSTEM - AD		SMOKE ALARM	SMOKE ALARM OPERATION - SD		INITIAL DETECTION - ID			
TRANSMISSION	OF ALARM - AL		FIRE SERVICE - FS		INCIDENT - IN	INCIDENT - IN		ACTION TAKEN - AC			
METHOD OF FIR	RE CONTROL - EX		FIRE ORIGIN, LEVEL - LV		FIRE ORIGIN, AREA - OA		EXTENT OF FIRE - XF				
EXTENT OF DAM	MAGE - XD		IGNITING OBJEC	CT - IG	FUEL OR ENER	RGY - FU	FORM OF HEAT - FH		FH		
MATERIAL FIRST	T IGNITED - MI		ACT OR OMISSION	ON - AO	NO. OF OCCUPA	PANTS (AT TIME OF FIRE) TOT		TOTAL INJURIE	S	TOTAL FATALITIES	
THE FOLLOWIN	G SECTION REI	FRS TO PR	ODUCT/FQUIP	PMENT RELATED TO IG	NITION SOURCE	(COMPLETE PROD	UCT/FOLUPM	IENT FIRE REPORT IE	MORE	DETAILS ARE TO BE PROVIDED)	
ITEM TYPE				AKE		MODEL		YEAR		SERIAL NO.	
PROPERTY VALUE AT RISK (FOR INCIDENT)  CONTENT			CONTENTS VALUE AT RIS	ENTS VALUE AT RISK (FOR INCIDENT)			TOTAL VALUE AT RISK (FOR INCIDENT)				
REMARKS: EXPLA	AIN CIRCUMSTANC	CES UNDER W	HICH FIRE ORIG	INATED.							

NAME OF INVESTIGATOR (PLEASE PRINT)	LAFC BADGE NUMBER	TELEPHONE (XXX) XXX-XXXX	REPORT DATE (YYYY/MM/DD)