



Office of the  
Fire Commissioner



# STRUCTURE FIRE REPORT

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

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.
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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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