GSA FIRE INCIDENT REPORT

SECTION I - INCIDENT *(Complete for all incidents)*

A TYPE OF TRANSACTION *(Check one)*
☐ NEW REPORT ☐ MODIFY REPORT ☐ DELETE REPORT

B

INCIDENT NO.	REGION NO.	MO.	DAY	YR.	DATE OF WEEK	ALARM TIME

C

BUILDING NAME AND ADDRESS *(Street, City, State, ZIP Code)*	BUILDING NO.
	FIXED PROPERTY (*Office, warehouse, etc.*)
	MOBILE PROPERTY TYPE

D

TYPE OF INCIDENT	OCCUPANTS WERE *(Check one)*
	☐ A NOT EVACUATED ☐ B EVACUATED ☐ C RELOCATED ☐ D BOTH B AND C

E

DID THE FIRES DEPARTMENT RESPOND? (*Check one)*	FIRE DEPARTMENT CALLED VIA	FIRE DEPARTMENT RESPOND WITHIN MIN-UTES OF NOTIFICATION
☐ YES ☐ NO		

F BRIEF HISTORY OF INCIDENT *(Cover all important details - attach additional sheets as needed. Photos and/or sketches may be included.)*

G ACTION(S) TAKEN AND RECOMMENDATIONS TO PREVENT RECURRENCE

H

PERSONNEL	NO. OF INJURIES	NO. OF DEATHS	LIST ACCIDENT NUMBER(S) (*GSA Form 3090 for all injuries and /or deaths)*
GSA			
OTHER			

I

$ LOSSES	GSA	OTHER FEDERAL	NON-FEDERAL
BUILDING			
CONTENTS			
EVACUATION			
OTHER			

SECTION II FIRE *(Complete for all fires)*

J

AREA OF FIRE ORIGIN	EQUIPMENT INVOLVED IN IGNITION

K

FORM OF HEAT OF IGNITION	TYPE OF MATERIAL IGNITED	FORM OF MATERIAL IGNITED

L

METHOD OF EXTINGUISHMENT	LEVEL OF FIRE ORIGIN

SECTION III - STRUCTURE FIRE *(Complete if structure fires)*

M

EXTENT OF FLAME DAMAGE	EXTENT OF SMOKE DAMAGE

N

DETECTOR PERFORMANCE	SPRINKLER PERFORMANCE

O **P** IF SMOKE SPREAD BEYOND ROOM OF ORIGIN

TYPE OF MATERIAL GENERATING MOST SMOKE	AVENUE OF SMOKE TRAVEL
FORM OF MATERIAL GENERATING MOST SMOKE	

SECTION IV - PROPERTY

Q

MOBILE PROPERTY	YR.	MAKE	MODEL	SERIAL NO.	LICENSE NO. *(If any)*

R

EQUIPMENT INVOLVED IN IGNITION	YR.	MAKE	MODEL	SERIAL NO.	VOLTAGE *(If any)*

SECTION V - PREPARER OF THIS REPORT

S

INVESTIGATOR'S SIGNATURE	DATE