

FIRE INCIDENT REPORT

FOR NOTIFICATION OF ANY FIRE OR FIRE RELATED INCIDENT
(E.g. premises evacuation, all alarm activation, building / vehicle fire, obstructed exit routes)

TEL 84104 TO NOTIFY SAFETY SERVICES IMMEDIATELY

Date:		Time:	
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<u>Location</u>	
Department:	Floor:
Building:	Room:

Incident Details:
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<i>Tick if applicable:</i>							
<input type="checkbox"/>	Alarm Activated	<input type="checkbox"/>	Fire Brigade Attendance	<input type="checkbox"/>	Extinguisher Discharged	<input type="checkbox"/>	Building Evacuated

<u>Contact Details:</u> (Persons involved in incident)	
Name:	Email:
Dept:	Tel Ext:
Name:	Email:
Dept:	Tel Ext:

<u>Form Completed by:</u>	
Name:	Email:
Dept:	Tel Ext:
Position:	

*** TEL 84104 TO NOTIFY SAFETY SERVICES OF ALL FIRE INCIDENTS

Forward to: University Fire Safety Adviser, Safety Services, 3 Cross Row

Date Received:	Action:	Ref No:
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