



Certified Facility Life Safety Code Incident Report

Facility Information

Facility Name: _____ Date: _____
 Facility Address: _____
 City: _____ State: _____ Zip: _____
 Telephone Number: _____ Fax Number: _____
 Census: _____

Nature of Incident

Alarm System Fire Generator Sprinkler System
 Other _____ (Describe)
 Location of incident: _____
 Cause of incident: _____
 Did all fire safety equipment operate properly? Yes No (Provide comments below)
 List fire detection, fire alarm and extinguishing equipment that operated automatically during the incident:

Facility Actions

What actions were taken by facility to ensure the safety of the resident(s)? Fire Watch Other
 (Provide comments below)
 Facility Evacuation: (Check one) Full Scale Between Smoke Compartments None
 Describe the impact on facility operations: _____
 Was the fire department summoned? (If yes, provide name of department.) Yes Time: _____ No

Injuries & Damages

| Total # Injured | | Extent of Injury | | | | |
|-----------------|--|------------------|-------|-------------------------|------------------|---------|
| None | | Serious Harm | Death | Transported to Hospital | Treated at Scene | Explain |
| Patients | | | | | | |
| Staff | | | | | | |
| Visitors | | | | | | |

Describe extent of damage: _____

Additional Comments: _____

 Signature of Authorized Representative Title Date