

Fire Incident Report Form

This form MUST be completed in detail and sent to a) Fire Officer; b) imago Services health and safety officer (see below)

Section A - Incident details

Date:		Security in attendance	Yes <input type="checkbox"/> No <input type="checkbox"/>
Time: (24 hour please)		Fire Brigade requested	Yes <input type="checkbox"/> No <input type="checkbox"/>
Building Name		Time Fire Brigade called	Yes <input type="checkbox"/> No <input type="checkbox"/>
Block Number		Time Fire Brigade arrived	Yes <input type="checkbox"/> No <input type="checkbox"/>
Room Number		Time Fire Brigade left	Yes <input type="checkbox"/> No <input type="checkbox"/>
Evacuation	Yes <input type="checkbox"/> No <input type="checkbox"/>	Area checked/panel reset	Yes <input type="checkbox"/> No <input type="checkbox"/>
Incident types		Cause of fire alarm	
False alarm - malicious	Yes <input type="checkbox"/> No <input type="checkbox"/>	Cooking	Yes <input type="checkbox"/> No <input type="checkbox"/>
Interference with fire alarm detection equipment	Yes <input type="checkbox"/> No <input type="checkbox"/>	Steam from showers etc.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Misuse of fire fighting equipment (<i>specify below*</i>)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Aerosol -deodorant/hairspray	Yes <input type="checkbox"/> No <input type="checkbox"/>
False alarm - accidental damage	Yes <input type="checkbox"/> No <input type="checkbox"/>	Dust, gases or other	Yes <input type="checkbox"/> No <input type="checkbox"/>
False alarm - contractors (welding, grinding etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Candle, incense sticks etc.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Additional information		Exhaust or cigarette fumes	
Unattended cooking	Yes <input type="checkbox"/> No <input type="checkbox"/>	Fire alarm system fault	Yes <input type="checkbox"/> No <input type="checkbox"/>
Fire door(s) held open	Yes <input type="checkbox"/> No <input type="checkbox"/>	Lab equipment e.g. Bunsen	Yes <input type="checkbox"/> No <input type="checkbox"/>
* Fire equipment used (please indicate the number used adjacent to the extinguisher type)			
Water		D/Powder	
Foam		C02	
		F/Blanket	
Description of the incident			
HALL OF RESIDENCE ONLY			
Does this incident warrant further investigation by the Hall Warden to consider disciplinary action?			Yes <input type="checkbox"/>
<i>(if yes, please ALSO forward the form to the Hall Warden to investigate & complete Section B)</i>			No <input type="checkbox"/>
Reported by: (Print Name)	Email Address:	Date sent	

Section B - Disciplinary action

Category of offence (see guidance - Discipline & Fining in Halls)			
Details of discipline/fine recommended for this incident by Warden:			
Fine	Yes <input type="checkbox"/> No <input type="checkbox"/>	Community service	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Amount £ _____		Hours given _____
Comments			

On completion of Section B by the Hall Warden this form must be sent to both the LU fire officer and imago Services –see below

Section C - Health & Safety use only

Incident closed	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Circulation:

On completion circulate the form to LU Fire Officer & H & S officer for imago Services:

- 1) email to R.M.Harrison@lboro.ac.uk and f.cooper@lboro.ac.uk OR
- 2) fax to 01509 223904 OR
- 3) post to: R.M.Harrison University Fire Officer, Health, Safety and Environment Office, Bungalow 8, Towers Way, Loughborough University, Loughborough, LE11 3TU