

# Fire Safety Incident Report Office

**Report Purpose:** This fire safety incident report documents all details surrounding a fire-related event, ensuring proper recording and assessment. This report helps identify causes, evaluate response effectiveness, and implement preventive measures. Maintaining accurate records enhances workplace safety and compliance with regulations.

Incident Overview			
Report Number:	[Enter Number]	Date of Incident:	[YYYY-MM-DD]
Time of Incident:	[HH:MM]	Location:	[Building/Room Number]
Reported By:	[Name, Position]	Contact Information:	[Phone/Email]

Incident Description
[Describe the incident, including what happened, where, and how it was discovered]

Immediate Actions Taken
[Steps taken to control the situation, such as activating alarms, evacuating, using fire extinguishers, calling emergency services]

Injuries and Damages	
Injuries:	[List any individuals injured and describe injuries]
Property Damage:	[Detail damage to property, equipment, or documents]

Cause (If Known)
[Describe suspected or confirmed cause]

Response Evaluation
[Assess the effectiveness of the response: what worked well, what could be improved]

Preventive Measures & Recommendations
[Propose steps to prevent similar incidents (e.g., training, equipment checks, policy changes)]

Report Completed By	Date
[Name, Position]	[YYYY-MM-DD]