

Appendix B
Form A - Fire Incident Report (Insurance)
[Section 6]



Emergency Management and Fire Safety

Basic Fire Incident Report

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Form containing fields for Fire Department, Incident Time, Incident Date, Incident Address, Incident Type, Mutual Aid, Resources, Values, and Persons Involved.

Property Use

<input type="checkbox"/> Educational	<input type="checkbox"/> Mercantile / Business	<input type="checkbox"/> Storage
<input type="checkbox"/> Health Care / Detention	<input type="checkbox"/> Industry / Utility	<input type="checkbox"/> Outside or special property
<input type="checkbox"/> Residential	<input type="checkbox"/> Manufacturing	
<input type="checkbox"/> Other _____ <small>provide property use detail of the structure if not classified above</small>		

Number of buildings involved _____ Acres burned _____ Building height _____ Floor size _____
Total # of stories Indicate ft² or m²

Building Status

<input type="checkbox"/> Under Construction	<input type="checkbox"/> Under major renovation	<input type="checkbox"/> Being demolished
<input type="checkbox"/> Occupied	<input type="checkbox"/> Vacant and secured	<input type="checkbox"/> Undetermined
<input type="checkbox"/> Idle / Not routinely used	<input type="checkbox"/> Vacant and unsecured	
<input type="checkbox"/> Other _____ <small>provide details of building status if not classified above</small>		

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Fire Spread	<input type="checkbox"/> Confined to room of origin	<input type="checkbox"/> Confined to building of origin	
	<input type="checkbox"/> Confined to floor of origin	<input type="checkbox"/> Beyond building of origin	
Mobile Property Involved		Mobile Property Type	
<input type="checkbox"/> None		<input type="checkbox"/> Passenger or road transport	<input type="checkbox"/> Aircraft
<input type="checkbox"/> Not involved with ignition, but burned		<input type="checkbox"/> Freight road vehicle	<input type="checkbox"/> Industrial, agriculture, construction
<input type="checkbox"/> Involved with ignition, but did not burn		<input type="checkbox"/> Transport vehicle	<input type="checkbox"/> Miscellaneous
<input type="checkbox"/> Involved with ignition and burned		<input type="checkbox"/> Water vessel	<input type="checkbox"/> Unknown
Mobile Property Details			
Make _____			
Model _____			
Licence number _____		Province _____	VIN _____
Ignition Factors			
Area of Origin _____ <i>provide detailed description of the primary use of the area where the fire started - also check below as applicable</i>			
<input type="checkbox"/> Means of egress <i>>hallways, entrance areas, fire exits</i>	<input type="checkbox"/> Storage areas <i>>store rooms, closets, garages</i>	<input type="checkbox"/> Transportation vehicle areas <i>>passenger area, trunk, engine</i>	
<input type="checkbox"/> Assembly areas <i>>theaters, community halls, living rooms</i>	<input type="checkbox"/> Service areas <i>>conduit, pipes, elevator shaft</i>	<input type="checkbox"/> Outside areas <i>>streets, parking lots, railway tracks</i>	
<input type="checkbox"/> Function area <i>>bedroom, kitchen, office, dining room</i>	<input type="checkbox"/> Service or equipment areas <i>>mechanical rooms, cells</i>	<input type="checkbox"/> Other areas <i>>areas not otherwise listed</i>	
<input type="checkbox"/> Technical processing area <i>>laboratories, operating rooms, stages</i>	<input type="checkbox"/> Structural areas <i>>attics, crawl spaces, exterior of walls</i>	<input type="checkbox"/> Undetermined <i>>area or origin cannot be determined</i>	
Heat Source _____ <i>provide detailed description of the heat source which ignited the first object to burn - also check below as applicable</i>			
<input type="checkbox"/> Operating equipment <i>>spark, ember, electrical arc, radiant heat</i>	<input type="checkbox"/> Other open flame, smoker's materials <i>>cigarettes, candles, match, lighter</i>	<input type="checkbox"/> Other heat sources <i>>multiple heat sources</i>	
<input type="checkbox"/> Hot smouldering object <i>>heat of friction, molten material, welding</i>	<input type="checkbox"/> Chemical, Natural heat sources <i>>sunlight, spontaneous combustion</i>	<input type="checkbox"/> Undetermined <i>>heat source cannot be determined</i>	
<input type="checkbox"/> Explosives, fireworks <i>>blasting agent, munitions, fireworks</i>	<input type="checkbox"/> Heat spread from another fire <i>>flame contact, radiant heat, embers</i>		
Item First Ignited _____ <i>provide detailed description of the item first ignited - also check below as applicable</i>			
<input type="checkbox"/> Structural component <i>>wall coverings, framing, floor coverings</i>	<input type="checkbox"/> Adornment, recreational items, signs <i>>Christmas trees, awnings, tents, toys</i>	<input type="checkbox"/> Organic materials <i>>agricultural crops, humans, animals</i>	
<input type="checkbox"/> Furniture, utensils <i>>upholstery, cabinets, appliances</i>	<input type="checkbox"/> Storage supplies <i>>boxes, packing materials, pallets</i>	<input type="checkbox"/> General materials <i>>books, trash, dust, lint, tires, fertilizer</i>	
<input type="checkbox"/> Soft goods, wearing apparel <i>>mattresses, linen, clothing, drapes</i>	<input type="checkbox"/> Liquids, piping, filters <i>>flammable gases / liquids, pipes, ducts</i>	<input type="checkbox"/> Undetermined <i>>item first ignited cannot be determined</i>	
Cause of Ignition _____ <i>provide detailed description of the cause of ignition - also check below as applicable</i>			
<input type="checkbox"/> Intentional <i>>misuse of heat source, incendiary fire</i>	<input type="checkbox"/> Failure of equipment <i>>equipment not functioning properly</i>	<input type="checkbox"/> Cause under investigation <i>>origin and cause not yet determined</i>	
<input type="checkbox"/> Unintentional <i>>careless, reckless, accidental acts</i>	<input type="checkbox"/> Act of nature <i>>weather, floods, animal behaviour</i>	<input type="checkbox"/> Cause undetermined <i>>cause undetermined after investigation</i>	



Factors Contributing to Ignition

provide detailed description of the factors that allowed heat source and combustible materials to come into contact/combine

- Misuse of materials, Mechanical failure, Electrical failure, Design, Installation Deficiency, Operational Deficiency, Natural condition, Fire spread or control, Undetermined

Human Factors

provide detailed description of the human factors related to the fire - also check below as applicable

- Asleep, Impaired by alcohol or drugs, Unattended, Possible mentally disabled, Physically disabled, Multiple persons, None

Equipment Involved in Ignition

provide detailed description of equipment involved in ignition - also check below as applicable

- Heating, ventilation, air conditioning, Electrical distribution, lighting, power, Shop tools and industrial equipment, Commercial and medical equipment, Garden tools, agricultural equipment, Kitchen and Cooking Equipment, Electronic, other electrical equipment, Personal and household equipment, Other equipment involved in ignition

Brand or Make Serial Number or other identification

Model Year of manufacture

Remarks

Person Completing This Report

Name Rank/Title

Phone Work Home Cell

Representing government agency, firm or corporation - provide address

Other Forms filed with this Report: Casualty Report Fire Detector and Extinguishing Equipment Report