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| **Incident Response Sheet** | **File Agency Number** |
| **TRIBAL COUNCIL****FIRE DEPARTMENT** |
| **1. Date of Incident** | **2. Time Activated** | **3. Time Returned to Hall**  |
| **4. Location of Incident** |
| **5. Type of Incident** **[ ]  Structural fire** **[ ]  Outdoor fire [ ]  Vehicle fire [ ]  False Alarm**  **(Select one) [ ]  MVC** **[ ]  Medical** **[ ]  Other (please specify)**  |
| **6. Owner(s)** | **Occupant(s)** |
| **7. If there was a fire, what was on fire?** |
| **8. What caused the incident?** |
| **9. Where did the incident start? (floor level/area of origin)** |
| **10. If fire, extent of flames (flames confined to item/room/floor/building, or extended beyond structure)**  |
| **11. Extent of damage (damage confined to item/room/floor/building, or extended beyond structure)**  |
| **12. What equipment(s) was used? (i.e.: to extinguish the flames)** |
| **13. What rolling equipment was dispatched?**       |
| **14. Sprinkler protection**Yes No [ ]  [ ]  | **15. Detector in place**Smoke Heat CO None**[ ]** **[ ]** **[ ]  [ ]**  | **16. Building floor level****(Number of stories)** | **17. Building floor area****Sq. Ft. or L x W**  |
| **18. Insurance Available**  | **19. Est. Property Value($)** | **20. Est. Value Loss ($)** | **21. Insurance Company** |
|  | **Yes** | **No** |  |  |  |  |
| **Building**  | **[ ]**  | **[ ]**  | **Bldg** |  | **Bldg** |  |
| **Contents** | **[ ]**  | **[ ]**  | **Contents** |  | **Contents** |  |
| **Misc.**  | **[ ]**  | **[ ]**  | **Misc.** |  | **Misc.** |  |
| **22. Number of Occupants** | **23. Number of Persons Evacuated** |
| **24. Injuries/Fatalities (name, date of birth, gender, type and cause of casualty)** |
| **25. Vehicles involved (Make/Model, Year, License Plate, Serial #)** |
| **26.RCMP/DOPS Member/Detachment** | **27. RCMP/DOPS** **Arrival Time** | **28. OFC Member** | **29. Additional Fire Depts.**  |
| **30. Other agencies on scene (Ambulance, Hydro, Conservation, etc.)** |
| **31. Scene Released To** |

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| **32. Number of members that responded** |
| **33. Additional Comments** |
| **34. Person Reporting**  | **35. Contact Number**  | **36. Contact Email** |
| **37. Person Reporting (signature)** | **38. Date** |

**Submission Process: Please send your reports to your Fire Safety Officer**