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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**