

# UND FIRE CALL REPORT

Revised 01/2015

<b>Date of Fire Call:</b> _____		<b>Time of Fire Call:</b> _____	
<b>Fire Call occurred in:</b> <input type="checkbox"/> Residential Building <input type="checkbox"/> Academic/Administrative building <input type="checkbox"/> Outdoor <input type="checkbox"/> Other _____			
<b>Building Name:</b> _____		<b>Address:</b> _____	
<b>Location:</b> _____		<b>Department:</b> _____	
<b>Reported by:</b> _____		<b>Title:</b> _____	<b>Phone:</b> _____
<b>Was there an actual fire?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Did the Fire Alarm activate?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Alarm caused by:</b> <i>(Check all that apply)</i>		<b>Reset</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
<input type="checkbox"/> Pull Station Device ID: _____		<b>Replaced</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other _____	
<input type="checkbox"/> Heat Sensor Device ID: _____		<b>Replaced</b> <input type="checkbox"/> Yes <input type="checkbox"/> No _____	
<input type="checkbox"/> Smoke Sensor Device ID: _____			
<input type="checkbox"/> Sprinklers			
<b>Alarm system operated:</b> <input type="checkbox"/> Properly <input type="checkbox"/> Improperly <input type="checkbox"/> N/A		<b>Work Order:</b> _____	
<b>Alarm reported automatically to Operations Center:</b> <input type="checkbox"/> Properly <input type="checkbox"/> Improperly <input type="checkbox"/> N/A <input type="checkbox"/> Unknown		<b>Work Order:</b> _____	
<b>Alarm was:</b> <i>(Check all that apply)</i>		<input type="checkbox"/> Power/ Water surge	
<input type="checkbox"/> Activated to report a suspected/ real fire		<input type="checkbox"/> Scheduled/Test fire drill	
<input type="checkbox"/> Alarm system malfunction		<input type="checkbox"/> Smoke smell	
<input type="checkbox"/> Candle/ Incense		<input type="checkbox"/> Smoking materials (cigarettes, pipes, etc.)	
<input type="checkbox"/> Cooking/ Burnt food		<input type="checkbox"/> Unknown reason	
<input type="checkbox"/> Equipment overheating/ failure		<input type="checkbox"/> Other _____	
<input type="checkbox"/> Unintentional (ie. activated by dust,steam etc.)			
<input type="checkbox"/> Intentional (prank,smoke bomb, etc.)			
<b>Fire Call Response:</b> <i>(Check all that apply)</i>		<input type="checkbox"/> UND Facilities <input type="checkbox"/> UND Police	
<input type="checkbox"/> Altru Ambulance <input type="checkbox"/> Fire Department			
<input type="checkbox"/> Others _____			
<b>Number of staff members present to assist in evacuation:</b> _____			
<b>Was fire suppression equipment used?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <b>Explain:</b> _____			
<b>Approximate time it took to evacuate the building?</b> _____			
<b>Description of fire call event and procedures used to evacuate the building:</b> _____ _____ _____ _____			
<b>Number of injuries:</b> _____ <input type="checkbox"/> N/A		<b>Number of deaths:</b> _____ <input type="checkbox"/> N/A	
<b>Any property damage?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<b>Approximate value of damage:</b> _____	
<b>Note:</b> If there was injury, death or property damage, please submit an Incident Report and a Incident Investigation Report to Office of Safety within 24 hours by visiting the Forms link.			
<b>Report completed by:</b> Name _____		Title _____	Date _____
<b>Reviewed by:</b> Name _____		Title _____	Date _____
Name _____		Title _____	Date _____