



FIRE /ALARM REPORT FORM

Public Safety Case # _____

1. Date:

2. Time:

3. Building Name:

4. Location (ex., 1st floor lobby):

5. Type of Condition:

Actual Fire False Fire Drill Other (Explain Below)

6. Type of Activation:

Pull Station Smoke/Heat Water Flow System Trouble (Explain Below)

7. Alarm Received by Monitoring Agency (ex., Guardian) Yes No Time: _____ A.M. or P.M.

8. RMU Public Safety notified at: Time: _____ A.M. or P.M.

9. Resident Life Personnel on Scene or Contacted:

Name: _____ Time: _____ A.M. or P.M.

10. Was the building "Alarm" system activated? Yes No Time: _____ A.M. or P.M.

11. Was the building evacuated? Yes No Time: _____ A.M. or P.M.

12. Did the local Fire Department respond? Yes No Time: _____ A.M. or P.M.

13. What was the cause of the Fire/Alarm (Explain):

14. Time Incident cleared by Public Safety: _____ A.M. or P.M.

15. Other comments/information:

