

**GDC Fire Services and Life Safety
300 Patrol Rd.
P. O. Box 1529
Forsyth, GA 31029**

INSTITUTIONAL FIRE INCIDENT REPORT

In accordance with the Rules and Regulations of the Georgia Safety Fire Commissioner Chapter 120-3-6, Paragraph 120-3-6-.03 every fire must be reported to the GDC Fire Services office within twenty-four (24) hours of the incident. This form shall enable you to report and to provide the necessary details of the incident. Report suspected incendiary fires immediately.

Name of Facility: _____

Address: _____ **City:** _____

Number of Stories: _____ **Number of Patients:** _____

Date of Fire: _____ **Time of Fire:** _____

Location of Fire in Building: _____

Extent of Damage to affected area: _____

| Name | Sex | DOB | Extent of Injury |
|-------------|------------|------------|-------------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |

Injuries and/or Deaths

Known Cause of Fire: _____

Probable Cause of Fire: _____

Name of Fire Department Responding: _____

Signature of Administrator: _____ **Date:** _____