

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 <input type="checkbox"/> Structural fire <input type="checkbox"/> Outdoor fire <input type="checkbox"/> Vehicle fire <input type="checkbox"/> False Alarm (Select one) <input type="checkbox"/> MVC <input type="checkbox"/> Medical <input type="checkbox"/> 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 <input type="checkbox"/> <input type="checkbox"/>	15. Detector in place Smoke Heat CO None <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	16. Building floor level (Number of stories)	17. Building floor area Sq. Ft. or L x W
18. Insurance Available Yes        No Building <input type="checkbox"/> <input type="checkbox"/> Contents <input type="checkbox"/> <input type="checkbox"/> Misc. <input type="checkbox"/> <input type="checkbox"/>	19. Est. Property Value(\$) Bldg Contents Misc.	20. Est. Value Loss (\$) Bldg Contents Misc.	21. Insurance Company

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			
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**