



FIRE REPORT (Product/Equipment)

OFFICE OF THE FIRE COMMISSIONER
PO Box 9491 Stn. Prov. Govt.
VICTORIA BC V8W 9N7
TEL (250)356-9000 FAX (250)356-9019

INCIDENT NUMBER					
LOCATION	YEAR	MONTH	DAY	HOUR	OCC

ITEM TYPE _____

ITEM DESCRIPTION _____

MAKE _____

CERTIFICATION AGENCIES 1. _____
(EXAMPLE: CSA, UL) (MAX 5)

MODEL _____

2. _____

YEAR _____

3. _____

LICENSE NO. _____

4. _____

SERIAL NO. _____

5. _____

REMARKS:

ITEM TYPE _____

ITEM DESCRIPTION _____

MAKE _____

CERTIFICATION AGENCIES 1. _____
(EXAMPLE: CSA, UL) (MAX 5)

MODEL _____

2. _____

YEAR _____

3. _____

LICENSE NO. _____

4. _____

SERIAL NO. _____

5. _____

REMARKS:

NAME OF INVESTIGATOR (PLEASE PRINT)	L AFC BADGE NUMBER (IF APPLICABLE)	TELEPHONE ()	REPORT DATE (YYYY/MM/DD)
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