

OUTDOOR FIRE REPORT

The following instructions are for completing the applicable forms when an outdoor fire incident occurs. Outdoor fires may include brush, grass, trees, playground equipment, barbecues, etc. where the fire is confined to the object. Should an Outdoor fire damage a detached structure or vehicle, a separate Structure Fire Report or Vehicle Fire Report will also need to be completed.

- ◆ *This symbol represents fields that are required to be completed when submitting an Outdoor Fire Report.*

INCIDENT NUMBER

LOCATION	YEAR	INCIDENT NUMBER				OCC
		MONTH	DAY	HOUR		

A fire *Incident Number* is a combination of six data items:

- ◆ **Location Code** This refers to the three letter code that applies to the area of jurisdiction where the fire occurred.
E.g. "CVA" represents Vancouver. If the location code is not known, refer to the Location Code Directory section.
- ◆ **Year** Enter the four digit year in which the fire incident occurred.
E.g. 2004 would be entered as "2004".
- ◆ **Month** Enter the two digit month in which the fire incident occurred.
E.g. January would be entered as "01".
- ◆ **Day** Enter the day of month in which the fire incident occurred.
E.g. 12th day of the month would be entered as "12".
- ◆ **Hour** Enter the time of day in which the fire incident occurred using the hour ONLY of the 24-hour clock.
E.g. 23:04 hrs would be entered as "23".
- ◆ **Occurrence** Enter the order of occurrence in which the fire incidents happen within the same hour of day using two digits starting with "01".
E.g. Three fire incidents occur within the same hour but at separate locations within the area of jurisdiction. The three incident reports will be sequential using the same location code, year, month, day, hour with the occurrence numbers being "01", "02" and "03".

Note: This field also represents exposure fires that occur to separate, detached properties.

REPORT TYPE

TO CHANGE A PREVIOUS REPORT, MARK APPROPRIATE BOX	
<input type="checkbox"/> DELETE	<input type="checkbox"/> UPDATE

When changes are required to a previously submitted fire report, check the appropriate box. Enter the original Incident Number that requires changes and only the data in the fields that are to be updated.

To make corrections to an Incident Number of a previously submitted report, the record for that incident must first be deleted. Indicate in the remarks section what the new incident number should be.

RELATED TO WILDLAND/URBAN INTERFACE FIRE

<input type="checkbox"/> RELATED TO WILDLAND/URBAN INTERFACE
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This field is strictly an indicator as to whether or not the fire incident was either caused by or caused a wildland interface fire. If yes, check the indicator box or if no, leave blank.

LOCATION OF FIRE INCIDENT

LOCATION OF FIRE INCIDENT (SUITE, NUMBER, STREET, CITY)	POSTAL CODE
	_ _ _ _ _ _ _

- ◆ Enter the complete address where the fire incident occurred including the street number, street name, city and postal code. Enter the suite or apartment number if applicable.

If there is no specific address where the fire incident occurs, enter the street name along with a descriptor that would indicate the approximate location.

LOSS INFORMATION

<input type="checkbox"/> OWNER	<input type="checkbox"/> BUSINESS OWNER	SURNAME	GIVEN NAME(S)
<input type="checkbox"/> OCCUPANT	<input type="checkbox"/> BUSINESS OCCUPANT		
BUSINESS NAME			
ADDRESS		POSTAL CODE	TELEPHONE ()
PROPERTY LOSS	CONTENTS LOSS	TOTAL LOSS TO NEAREST DOLLAR	
CLAIMS ADJUSTER NAME	FIRM	CLAIM NO.	
INSURANCE COMPANY NAME		POLICY NO.	

This section of the report indicates a loss pertaining to either an individual or company. The loss information does not refer to the loss for the entire incident unless the entire loss is associated with one name.

- ◆ **Status** Indicate whether the dollar loss will be associated with an individual (owner or occupant) or Business (Business Owner or Business Occupant). Check off one box only.

◆ Name Enter the name of the individual which sustained the dollar loss.

Note: Enter unknown if name not obtainable.

Business Name Enter the name of the business which sustained the dollar loss.

Note: Both the individual's name along with the business name can be entered as long as the business is owned by the individual. The "Status" will indicate which name will be associated with the dollar loss.

E.g. Status = Owner. The individual's name is John Smith and the business name is Smith Shoes. The dollar loss will be associated with John Smith because the Status is checked as Owner.

Address Enter the address of the individual or business name entered above including postal code and telephone number.

Dollar Loss Enter the loss estimate for property and contents and the total of both entered in the Total Loss field. Amounts should be in whole dollars; do not include cents.

The amounts entered are for the damaged caused by the fire only. Dollar losses entered do not reflect whether or not the individual/business has insurance coverage.

Losses entered are associated with the status and name entered. Losses suffered by other individuals are reported on a Fire Report - Additional Names.

Insurance Information Enter Claims Adjuster Name and Firm along with Claim No.
Enter Insurance Company Name and Policy No.

Note: The Insurance Information is not mandatory but should be included if data can be obtained.

FIRE REPORTING CODES

PROPERTY CLASSIFICATION - PR	TRANSMISSION OF ALARM - AL	FIRE SERVICE - FS	INCIDENT - IN
ACTION TAKEN - AC	METHOD OF FIRE CONTROL - EX	FIRE ORIGIN, AREA - OA	EXTENT OF FIRE - XF
IGNITING OBJECT - IG	FUEL OR ENERGY - FU	FORM OF HEAT - FH	MATERIAL FIRST IGNITED - MI
ACT OR OMISSION - AO			

◆ Enter fields shown above with applicable coding. The data for each field can be found in the Code Structure section of the manual.

Please note, due to the number of Property Classification (PR) codes, the applicable codes for this category are listed below as they pertain to an Outdoor Fire Report.

- 7510 Lumberyards, building materials storage – outdoor only
- 7570 Timber, log storage – includes felling and rough cutting of trees, hewing of poles, blocks – outdoor only

- 7580 Pulpwood pile, cordwood storage – outdoor only
- 7972 Recycle Center – Outdoor storage (exposed to the elements)
- 7980 Pier, Wharf (storage in open area)
- 8110 Brush, grass & light ground cover on open land, field (Excludes forests classified as 8180, timber and log piles classified as 7570, and farm crops classified as 9250).
- 8120 Dumps – includes refuse disposal areas and dumps in open ground.
- 8130 Trees – includes individual trees only
- 8140 Fence, poles, railroad ties
- 8150 Trash / rubbish / recyclable – includes containers/dumpsters for disposal of rubbish or collection of bulk recyclables and personal incinerators. (Excludes public or industrial rubbish burners/facilities classified as structures.)
- 8160 Mailboxes, newspaper/publication vending box
- 8170 Cemetery
- 8180 Forest, standing timber
- 8190 Outdoor property – unclassified
- 8193 Players box – includes player box section of outdoor rinks
- 8210 Bridge, overpass, trestle – includes elevated road and railway
- 8220 Tunnel – includes underpass over 30m (98 ft) in length
- 8230 Underpass – includes tunnels 30m (98 ft) or less in length
- 8240 Aerial tramway – includes ski lifts, chair lifts, cable car, monorail
- 8290 Special connecting thoroughfare – unclassified (describe)
- 8910 Pier, wharf (If incident involves damage to products or materials stored in open area on pier, wharf only, classify as 7980.)
- 9250 Crops, orchards, straw stacks
- 9415 Hydro pole
- 9420 Electric light & power distribution system – includes high tension/telephone lines, transformers, outside generating plants
- 9950 Barbecue
- 9960 Grounds keeping equipment – lawnmower, irrigation equipment, etc.
- 9970 Snow blower
- 9980 Tillers
- 9990 Miscellaneous equipment - unclassified

NUMBER OF OCCUPANTS (at time of fire)

NO. OF OCCUPANTS (AT TIME OF FIRE)	TOTAL INJURIES	TOTAL FATALITIES
0000		

Number of Occupants refers to the estimated number of people in the building at the time of the fire. This has been hardcoded to 0000 for Outdoor Fire Reports.

TOTAL INJURIES AND FATALITIES

Enter the total number of either injuries and/or fatalities sustained from the fire incident. The numbers entered in these fields should match the number of Casualty Reports submitted for the same fire incident.

PRODUCT/EQUIPMENT INFORMATION

ITEM TYPE	MAKE	MODEL	YEAR	SERIAL NO.
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Enter the Item Type (sample list below) along with Make, Model, Year and Serial No. of the product or equipment that related directly to the source of ignition of the fire incident.

If product not identified, listing may be amended as required.

- | | |
|---|--|
| AC adapter power supply
Automobile
Battery charger
Bicycle
Bread maker
Butane lighter
Butane refill cylinder
Candles
Candles, liquid paraffin bottle
Coffee maker
Coffee roaster
Crystallite liquid wax
Dryer, clothes
Dryer, gas
Firelog, Duraflame
Firelog, Northland
Glade air freshener | Heater, ceramic
Heater, gas fired baseboard
Heater, oil filled electric
Heating pad, electric
Hot & cold health bags
Musical Christmas card
Pellet stove
Pellet wood stove
Power bar 6 outlets
Smoke alarm
Solvent recycle system
Television
Transformer – model train
Travel trailer
Turbo in-line bilge blower
Watercraft |
|---|--|

PROPERTY VALUE AT RISK

PROPERTY VALUE AT RISK (FOR INCIDENT)	CONTENTS VALUE AT RISK (FOR INCIDENT)	TOTAL VALUE AT RISK (FOR INCIDENT)
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Value at Risk refers to the estimated cash value of the property including its contents that are at risk from the fire condition. Values should be in whole dollars; do not include cents.

***Note:** Property value includes structures, vehicles, hedges, etc. It does NOT include the land that the property resides on. Neighboring properties are also NOT to be included.*

REMARKS

REMARKS: EXPLAIN CIRCUMSTANCES UNDER WHICH FIRE ORIGINATED.

Enter a brief statement that describes the events or actions which led to or precipitated ignition. If additional space is required use a blank sheet of paper and attach it to the Fire Report.

REPORTER INFORMATION

NAME OF INVESTIGATOR (PLEASE PRINT)	L AFC BADGE NUMBER (IF APPLICABLE)	TELEPHONE ()	REPORT DATE (YYYY/MM/DD)
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- ◆ The information entered should be that of the person who completed the investigation including name, L AFC badge number (if applicable), telephone and date that the report is completed.



OFFICE OF THE FIRE COMMISSIONER
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OUTDOOR FIRE REPORT

Table with columns: LOCATION, YEAR, INCIDENT NUMBER (MONTH, DAY, HOUR), OCC

TO CHANGE A PREVIOUS REPORT, MARK APPROPRIATE BOX
[] DELETE [] UPDATE
[] RELATED TO WILDLAND/URBAN INTERFACE

LOCATION OF FIRE INCIDENT (SUITE, NUMBER, STREET, CITY) POSTAL CODE

THE FOLLOWING SECTION REFERS TO SELECTED STATUS:

Form with checkboxes for OWNER, BUSINESS OWNER, OCCUPANT, BUSINESS OCCUPANT. Fields for SURNAME, GIVEN NAME(S), BUSINESS NAME, ADDRESS, POSTAL CODE, TELEPHONE, PROPERTY LOSS, CONTENTS LOSS, TOTAL LOSS TO NEAREST DOLLAR, CLAIMS ADJUSTER NAME, FIRM, CLAIM NO., INSURANCE COMPANY NAME, POLICY NO.

Grid of classification codes: PROPERTY CLASSIFICATION - PR, TRANSMISSION OF ALARM - AL, FIRE SERVICE - FS, INCIDENT - IN, ACTION TAKEN - AC, METHOD OF FIRE CONTROL - EX, FIRE ORIGIN, LEVEL - OA, EXTENT OF FIRE - XF, IGNITING OBJECT - IG, FUEL OR ENERGY - FU, FORM OF HEAT - FH, MATERIAL FIRST IGNITED - MI, ACT OR OMISSION - AO, NO. OF OCCUPANTS (AT TIME OF FIRE) 0 0 0 0, TOTAL INJURIES, TOTAL FATALITIES

THE FOLLOWING SECTION REFERS TO PRODUCT/EQUIPMENT RELATED TO IGNITION SOURCE:

Table with columns: ITEM TYPE, MAKE, MODEL, YEAR, SERIAL NO.

PROPERTY VALUE AT RISK (FOR INCIDENT) CONTENTS VALUE AT RISK (FOR INCIDENT) TOTAL VALUE AT RISK (FOR INCIDENT)

REMARKS: EXPLAIN CIRCUMSTANCES UNDER WHICH FIRE ORIGINATED.

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