

FIRE REPORT - Product/Equipment

The following instructions are for completing the applicable form when/if products or equipment are directly related to the source of ignition or if vehicles were lost as contents of the fire incident.

INCIDENT NUMBER

INCIDENT NUMBER					
LOCATION	YEAR	MONTH	DAY	HOUR	OCC

This section must be identical to the Incident Number as recorded on the original Fire Report.

PRODUCT/EQUIPMENT INFORMATION

ITEM TYPE _____

ITEM DESCRIPTION _____

MAKE _____	CERTIFICATION AGENCIES 1. _____
	(EXAMPLE: CSA, UL) (MAX 5)
MODEL _____	2. _____
YEAR _____	3. _____
LICENSE NO. _____	4. _____
SERIAL NO. _____	5. _____

REMARKS:

Enter the Item Type (listed below) along with Item Description (a more detailed description of the Item Type), Make, Model, Year, License No. and Serial No. of product or equipment.

- | | |
|---|--|
| 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 |
|---|--|

Certification Agencies Enter the agencies which certified the product or equipment. There may be only one agency or up to five agencies. E.g. CSA, UL, ULC, etc.

Remarks Include remarks pertaining to the product or equipment listed as it relates to the fire incident.

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.



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 _____

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REMARKS:

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ITEM DESCRIPTION _____

MAKE _____

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

MODEL _____

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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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