

STRUCTURE FIRE REPORT

The following instructions are for completing the applicable forms when a structure fire incident occurs. Should the fire spread to a detached vehicle, structure or outdoor property, a separate Vehicle Fire Report, Structure Fire Report or Outdoor Fire Report will also need to be completed.

◆ *This symbol represents fields that are required to be completed when submitting a Structure Fire Report.*

INCIDENT NUMBER

LOCATION	YEAR	INCIDENT NUMBER			HOUR	OCC
		MONTH	DAY			

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.*

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

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 damage caused by the fire only. Do not include related or indirect losses due to "use and occupancy" or business loss due to interruption or costs such as moving and storage or car rental. 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 such as those dwelling in an apartment building that burns, are reported with the name 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 COMPLEX - PC	PROPERTY CLASSIFICATION - PR	GENERAL CONSTRUCTION - GC	BUILDING HEIGHT - BH
GROUND FLOOR AREA - GF	YEAR OF CONSTRUCTION - YC	MANUAL FIRE PROTECTION - MF	OUTSIDE FIRE PROTECTION - OF
SPRINKLER PROTECTION - SP	AUTOMATIC FIRE ALARM SYSTEM - AD	SMOKE ALARM OPERATION - SD	INITIAL DETECTION - ID
TRANSMISSION OF ALARM - AL	FIRE SERVICE - FS	INCIDENT - IN	ACTION TAKEN - AC
METHOD OF FIRE CONTROL - EX	FIRE ORIGIN, LEVEL - LV	FIRE ORIGIN, AREA - OA	EXTENT OF FIRE - XF
EXTENT OF DAMAGE - XD	IGNITING OBJECT - IG	FUEL OR ENERGY - FU	FORM OF HEAT - FH
MATERIAL FIRST IGNITED - MI	ACT OR OMISSION - AO		

◆ All codes on a Structure Fire Report are required to be entered. The data for each field can be found in the Code Structure section of the manual.

NUMBER OF OCCUPANTS (at time of fire)

NO. OF OCCUPANTS (AT TIME OF FIRE)	TOTAL INJURIES	TOTAL FATALITIES
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Number of Occupants refers to the estimated number of people in the property at the time of the fire.

TOTAL INJURIES AND FATALITIES

Enter the total number of injuries and/or fatalities of either fire fighters or civilians that were 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 or vehicles that were lost as contents of the fire incident.

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

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|---|--|
| <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> 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 |
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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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STRUCTURE 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 28 fire-related categories: PROPERTY COMPLEX - PC, PROPERTY CLASSIFICATION - PR, GENERAL CONSTRUCTION - GC, BUILDING HEIGHT - BH, GROUND FLOOR AREA - GF, YEAR OF CONSTRUCTION - YC, MANUAL FIRE PROTECTION - MF, OUTSIDE FIRE PROTECTION - OF, SPRINKLER PROTECTION - SP, AUTOMATIC FIRE ALARM SYSTEM - AD, SMOKE ALARM OPERATION - SD, INITIAL DETECTION - ID, TRANSMISSION OF ALARM - AL, FIRE SERVICE - FS, INCIDENT - IN, ACTION TAKEN - AC, METHOD OF FIRE CONTROL - EX, FIRE ORIGIN, LEVEL - LV, FIRE ORIGIN, AREA - OA, EXTENT OF FIRE - XF, EXTENT OF DAMAGE - XD, 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), 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)