

FIRE REPORT

- All incidents of fire in an adult family home (AFH), a community based residential facility (CBRF), a facility serving people with developmental disabilities (FDD), a hospital, a nursing home, or a residential care apartment complex (RCAC) must be reported to the department within 72 hours per DHS 132.82(6)(e), DHS 134.82(4)(e), DHS 83.12(4)(e), DHS 124.36(11), DHS 88.05(4)(e), Wis. Admin. Code, and Chapter 50.035(4), Wis. Stats.
- Information about the fire may be reported by completing and submitting this form; however, it is not mandatory that you use this form.
- Include sketches, photographs, reports or statements, if available.
- Questions about completion of this form may be directed to the **Fire Authority at 608-261-5993**.
- Mail the form and attachments to:

FIRE AUTHORITY
DQA / Bureau of Technology, Licensing and Education
P.O. Box 2969
Madison, WI 53701-2969

or FAX to **608-267-7119**

| | | |
|---|---------------------------|--|
| Name - Facility | License / Provider Number | |
| Address | Date of Fire | |
| City | Time of Fire | <input type="checkbox"/> PM <input type="checkbox"/> AM |
| Type of Provider <input type="checkbox"/> AFH <input type="checkbox"/> CBRF <input type="checkbox"/> FDD <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home <input type="checkbox"/> RCAC | | |

Type of Fire *(Provide narrative description. Use the back of this form to provide additional information.)*

Location of Fire in the Facility

| | | | | |
|--|--|---------------------|--|------------------|
| Was anyone injured? <input type="checkbox"/> Yes <input type="checkbox"/> No | Total Number Injured | Number of Residents | Number of Staff | Number of Others |
| Residents were evacuated from | Residents were, or are, relocated to other facilities or locations. | | | |
| <input type="checkbox"/> Room <input type="checkbox"/> Floor <input type="checkbox"/> Wing <input type="checkbox"/> Building | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| The fire alarm system was activated. <input type="checkbox"/> Yes <input type="checkbox"/> No | Method of Activation <input type="checkbox"/> Manual Pull Station <input type="checkbox"/> Heat Detector <input type="checkbox"/> Smoke Detector <input type="checkbox"/> Sprinkler System | | | |
| Number of Sprinkler Heads Activated | A follow-up call was made to the fire department. <input type="checkbox"/> Yes <input type="checkbox"/> No | | The fire department responded. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| The fire was extinguished by <input type="checkbox"/> Staff <input type="checkbox"/> Fire Dept. <input type="checkbox"/> Others | Method of Fire Extinguishment | | | |
| Is the fire alarm system restored to normal working condition? <input type="checkbox"/> Yes <input type="checkbox"/> No | Is the sprinkler system restored to normal operation condition? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Estimated Cost of Repairs \$ | |
| | | | | |

| | |
|--|-----------------------|
| Name and Title - Person Completing This Report | Telephone Number |
| SIGNATURE - Person Completing This Report | Date Report Completed |