



# CAMPUS FIRE REPORT

New York State Division of Homeland Security and Emergency Services

OFFICE OF FIRE PREVENTION AND CONTROL

INSPECTIONS AND INVESTIGATIONS BRANCH

STATE OFFICE CAMPUS • 1220 WASHINGTON AVENUE • BUILDING 7A, 2ND FLOOR • ALBANY, NY 12226

PHONE: (518) 474-6746 FAX: (518) 474-3240

Pursuant to 19 NYCRR 500, any fire that occurs on property under the jurisdiction of a college or university must be reported to the Office of Fire Prevention and Control (OFPC) within 24 hours of occurrence or discovery.

A fire is any instance of open flame or other burning in a place not intended to contain the burning or in an uncontrolled manner.

PLEASE PRINT

**PLEASE FAX THIS FORM TO (518) 474-3240**

CAMPUS:		INCIDENT DATE AND TIME:			
BUILDING NAME OR NUMBER:		SFID:			
BUILDING USE:	<input type="checkbox"/> RESIDENCE HALL <input type="checkbox"/> ACADEMIC <input type="checkbox"/> SUPPORT SERVICES	FIRE DEPARTMENT RESPONSE:	<input type="checkbox"/> Y <input type="checkbox"/> N		
TYPE OF INCIDENT:	<input type="checkbox"/> NUISANCE FIRE <input type="checkbox"/> ELECTRICAL FIRE <input type="checkbox"/> STRUCTURE FIRE <input type="checkbox"/> OTHER - PLEASE PROVIDE A BRIEF DESCRIPTION IN THE NARRATIVE SECTION	ACTION TAKEN:	<input type="checkbox"/> NONE, OUT ON ARRIVAL <input type="checkbox"/> EXTINGUISHED BY CAMPUS PERSONNEL <input type="checkbox"/> EXTINGUISHED BY FIRE DEPARTMENT	INVESTIGATING AGENCY:	
		FIRE INVESTIGATION:	<input type="checkbox"/> Y <input type="checkbox"/> N		
FIRE SEVERITY:	<input type="checkbox"/> NO DAMAGE <input type="checkbox"/> DAMAGE TO ITEM OF FIRE ORIGIN <input type="checkbox"/> DAMAGE TO ROOM/AREA <input type="checkbox"/> DAMAGE TO MULTIPLE ROOMS/AREAS <input type="checkbox"/> DAMAGE TO ENTIRE STRUCTURE	INJURIES*: PLEASE INDICATE NUMBER OF EACH			
		MINOR	MODERATE	SEVERE	FATAL

NARRATIVE - PLEASE PROVIDE A BRIEF DESCRIPTION OF THE INCIDENT:

REPORT COMPLETED BY	TITLE
SIGNATURE	DATE

\*If a fire causes injury or death, OFPC must be contacted **BY PHONE** within one hour of the occurrence.

ADDITIONAL COPIES OF THIS FORM ARE AVAILABLE AT <http://www.dhses.ny.gov>