



RECORDS

FIRE INCIDENT, NEAR MISS OR OTHER FIRE SAFETY HAZARD REPORT

Section A (to be completed as soon as possible after occurrence)			
Type of Incident (circle or highlight)	Brief Details of location/nature of occurrence etc		
Fire Incident Near Miss Other Fire Safety Hazard			
Date of Occurrence		Time of Occurrence	
Person Reporting (print name)			
Contact number and address			
Immediate remedial action(s) taken			
Reported to and when (if different from next box)		Date to person In charge of premises	
Section B (to be completed by/on behalf of person in charge of premises)			
Findings of investigation into cause, other remedial action already taken and any remaining fire safety deficiencies identified Note Any further remedial action considered necessary should be recorded on the Fire Safety Log			
Person completing and position held (print)			
Signature		Date	