FIRE INCIDENT REPORT

Report each fire incident during which a fire extinguisher was discharged or 9-1-1 was contacted and submit it to the certifying agent **within three (3) business days of the occurrence**.

PROVIDER INFORMATION

The provider is the adult responsible for maintaining the home and providing care to residents.

Full Legal Name:	Certificate Number:
Email:	Phone Number: ( )
Physical Address:	City, State, ZIP:

RESIDENT INFORMATION

Residents are the vulnerable adults living in the provider's home.

Full Legal Name:	Date of Birth:
Full Legal Name:	Date of Birth:
Full Legal Name:	Date of Birth:
Full Legal Name:	Date of Birth:

FIRE INCIDENT REPORT

Date and Time of Incident: A.M. ☐ P.M. ☐
Origin of the Fire:
Extent of Damage:

How and by Whom the Fire was Extinguished:

Injuries or Deaths, If Any:

PROVIDER'S SIGNATURE

DATE