



Fire Incident - Initial Situation Status Report

Building Address: _____

Date: _____ Time: _____

✓ What Floor is the Fire Alarm Activation? FLOOR # _____

✓ Type of Fire Alarm Device Activated? (Check off box)

- Duct Detector
- Heat Detector
- Smoke Detector
- Other: _____
- Fire Extinguishing System
- Pull Station
- Sprinkler Water Flow Alarm

✓ Ascertain Floor Situation? (from the Caller or Emergency Response Team)

- No visible fire, smoke or odor
- Odor of smoke (Nothing Showing)
- Smell of something burning
- Visible smoke
- Visible fire

Describe any actions taken – (I.e. odor of smoke, checking further)

✓ Is Evacuation Under Way? Yes No

(I.e. for visible smoke, fire, strong odor)

IF YES, Fire Floor Floor Above Floor Below
 What floor(s): FL.# _____ FL.# _____ FL.# _____

Evacuation Stairs: _____

Re-location Floor: _____

✓ Has an elevator car been recalled for Fire Dept? Yes No

✓ Building Engineer Present at Fire Command Center Yes No

✓ Provide the Fire Officer with the Emergency Response Kit

1. Building Information Card
2. Master Keys
3. Floor Plans

✓ Call 911 - Give (name & title), I want to report a building _____ Incident
Give the floor location of the incident at:

Fire Officer (Incident Commander): _____ Unit# _____

Name of FLSD: _____

(Gather the fire alarm information **prior to fire department arrival** and provide the 1st due Fire Officer, the Initial Fire Incident - Situation Status Report & Fire Dept. Bldg. Information Card upon arrival).

Fire and Life Safety Directors Association of Greater New York