



Fire Department Name: \_\_\_\_\_

FDID: \_\_\_\_\_

**Line 1**  
Fire involved: (check)  Suspicious circumstances  Injuries - number \_\_\_\_\_ *Submit a Fire Casualty Report - Form C for all civilian and fire fighter casualties*  
 Provincial building/property  Deaths - number \_\_\_\_\_

**Line 2**  
Address of the fire \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*street address/lot, block and plan #/land location description RM/Town/City/Village/Hamlet postal code*

**Line 3**  
Date fire occurred: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Time fire occurred: \_\_\_\_\_  AM  
*day month year use 24-hour clock*  PM

**Line 4**  
RCMP/Municipal Police notified?  Yes  No  
If Yes, provide contact details: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*officer detachment or municipality phone*

**Line 5**  
Is the property insured?  Yes  No If Yes, Name of Insurance Company: \_\_\_\_\_  
Insurance contact person (if known): \_\_\_\_\_ Phone #: \_\_\_\_\_  
Estimated value of the property: \$ \_\_\_\_\_ Estimated damage: \$ \_\_\_\_\_ Insurance file #: \_\_\_\_\_

**Line 6**  
\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*name of person reporting fire or initiating alarm how they reported the fire their phone #*

**Line 7**  
Owners' name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*first name middle name/initial surname phone*

**Line 8**  
Owners' address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*street or mailing address town/city postal code*

**Line 9**  
Occupants' name: \_\_\_\_\_ Age: \_\_\_\_\_ Apt #: \_\_\_\_\_ Phone #: \_\_\_\_\_  
*If more than one occupant involved (ie. fire involving an apartment building) attach additional sheet(s) listing all occupants*

**Line 10** *Please be as specific as possible in description (see instructions in Guide for Line 10)*  
**Property Use:** (apartment, private dwelling, barn, store, business offices, hospital, restaurant, educational facility, manufacturing, hotel/motel, arena, rink, elevator, crops, grass, bush, forest, etc...) please be specific - if a vehicle, enter "vehicle" below and complete lines 14 to 21.

Describe property: \_\_\_\_\_

**Line 11**  
Building height (storeys) \_\_\_\_\_ Building area (sqft) \_\_\_\_\_ Year built: \_\_\_\_\_

**Line 12**  
Building occupant load: \_\_\_\_\_ # of persons in building: \_\_\_\_\_ Did the fire dept. rescue occupants?  Yes  No If Yes, # \_\_\_\_\_

**Line 13**  
Describe construction of the building: \_\_\_\_\_

**Line 14** *Please be as specific as possible in description (see instructions in Guide for Line 14)*  
**If a vehicle list type:** car, truck, train, airplane, boat etc] hauling **Describe vehicle:** sedan, van, pick-up truck, semi-trailer, bus, etc.  
**Describe load or contents:** gasoline, grain, passengers, etc. **If equipment, describe:** furnace, wood stove, motor, pump, clothes dryer, etc

Description of vehicle/equipment involved: \_\_\_\_\_

**Line 15**  
Serial #: \_\_\_\_\_ License plate # (if vehicle): \_\_\_\_\_

**Line 16**  
Name of the manufacturer of the vehicle/equipment involved: \_\_\_\_\_

**Line 17**  
Model number or name: \_\_\_\_\_ Year manufactured: \_\_\_\_\_

**Line 18**  
Date purchased: \_\_\_\_\_ Time in service: \_\_\_\_\_ Where installed: \_\_\_\_\_  
*day/month/year years location*

**Line 19** (If equipment)

Installed by: \_\_\_\_\_ Certification label & #: \_\_\_\_\_  
*name of owner, electrician, gas fitter, etc - or company name ULC, CSA, WHI, ULI etc.*

**Line 20** (If equipment)

Last inspection/maintenance: \_\_\_\_\_ By whom: \_\_\_\_\_  
*day/month/year owner, electrician, gas fitter, etc - or company name*

**Line 21** (If equipment)

Action taken as result of last inspection/maintenance: \_\_\_\_\_

**Line 22** (see instructions in *Guide* for Line 22)

Describe as specifically as possible the following CIRCUMSTANCES of the fire:

Area of Origin: \_\_\_\_\_ Level of Origin: \_\_\_\_\_

**Igniting Object:** *what caused ignition* \_\_\_\_\_

*Detailed description, ie. cooking equip., heating equip., electrical distribution equip., smokers material, open flame exposure from another fire, etc*

**Fuel/Energy Associated with Igniting Object:** *what fuel/energy powered the object* \_\_\_\_\_

*Examples include coal, wood, fuel oil, gasoline, natural gas, electricity, smoker's material, lightning, open flame, etc.*

**Energy Causing Ignition:** *how the igniting object caused the fire* \_\_\_\_\_

*Examples include: spark/ember, electrical spark, static electricity, direct flame contact, friction, hot object, spontaneous ignition, smokers material, etc.*

**Material First Ignited:** *describe what was ignited* \_\_\_\_\_

*Structural component, interior finishes, furniture, clothing/textile, wood/paper, flammable/combustible liquid or gas, crops/grass/forest, etc.*

**Act or Omission:** *describe what action or inaction caused the fire* \_\_\_\_\_

*Examples include incendiary, suspicious, misuse of ignition source, mechanical/electrical fault, design/installation fault, human failing, etc.*

**Remarks:**

*use extra pages as required*

**Line 23**

When a structure is occupied at the time of the fire and people escape, are injured or killed complete *Smoke Alarm Profile Form D1*

Did the building have Smoke Alarms?  Yes  No *If Yes What type:*  Battery Operated  Hardwired  Interconnected

If a smoke alarm was present, was it:  In the room of origin  Not in the room of origin  Not on the level of origin

Did the Smoke Alarms operate?  Yes  No - *If No, why not*  Battery dead or missing  Alarm improperly located  
 Circuit switched off  Other: \_\_\_\_\_

Indicate any additional fire safety systems present in the structure:

Fire alarm system (including smoke/heat detectors, pull stations, alarms)  Sprinkler system - indicate type  13  13D  13R

Fire extinguisher(s)  Standpipe system  Other extinguishing system: *describe* \_\_\_\_\_

Did the fire safety systems indicated operate as designed/intended?  Yes  No *If systems did not operated explain why (if known)*

**Line 24**

How was the fire discovered: \_\_\_\_\_

**Line 25** If the fire involved grasslands, crops or forest/wildland, indicate type(s) of vegetation burned and total acres burned:

Acres of grassland: \_\_\_\_\_ Acres of crops: \_\_\_\_\_ Acres of forest/wildland: \_\_\_\_\_ Total acres burned: \_\_\_\_\_

**Person completing this report (or the contact person for this fire) if further information is required:**

Name: \_\_\_\_\_ Rank/Title: \_\_\_\_\_

Phone number: Work: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Representing:  Fire  Police  Insurance  Office of the Fire Commissioner  Other: \_\_\_\_\_

Other Forms filed with this Report:  B-Form Fire Department Response  C-Form Casualty Report  D-Form Smoke Alarm Profile



**Fire Department Name:**

**FDID:**

Note: You do not need to complete Lines 1-4 if this form is attached to a Basic Fire Incident Report - Form A

**Line 1**  
Date fire occurred: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Time fire occurred: \_\_\_\_\_  AM  
*day month year use 24-hour clock*  PM

**Line 2**  
Address of the fire: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*street address/lot, block and plan #/land location description RM/Town/City/Village/Hamlet postal code*

**Line 3**  
Owners' name: \_\_\_\_\_  
*first name middle name/initial surname phone*

**Line 4**  
Owners' address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*street or mailing address town/city postal code*

**Line 6**  
Number of FD vehicles dispatched **Initially:**      pumpers      aerials      tankers      utility      other

**Line 7**  
Number of FD vehicles dispatched **Total**      pumpers      aerials      tankers      utility      other

**Line 8**  
Distance of fire department response:      km (from fire hall to scene)

**Line 9**  
Number of Fire Fighters responding **Initially:**      Number of Fire Fighters responding **Total:**

**Line 10** *check as appropriate* (see instructions in Guide for Line 10)  
Mutual Aid was:     Given     Received      Fire Protection Agreement Response:     Yes     No

**Line 11** (see instructions in Guide for Line 11)  
Situation on arrival: *Give brief description*

**Line 12** (see instructions in Guide for Line 12)  
Description of fire-ground operations: *Describe the sequence of fire-ground operations undertaken during the emergency. Include the time taken to extinguish the fire, the equipment used and how the fire was extinguished. Use the second page of this form.*

Fire-ground operations used: *check all that apply*  
 rescue       forcible entry       ventilation       salvage       hydrant used  
 first aid       extrication       ladder(s) used       overhaul       water tanker used

**Line 13** (see instructions in Guide for Line 13)  
Time to control fire: \_\_\_\_\_ minutes      Time to extinguish fire \_\_\_\_\_ minutes  
*from time of first alarm from time of first alarm*

**Line 14**  
Weather conditions: \_\_\_\_\_  
*examples include: clear, cloudy, rain, snow, hail/sleet, electrical storm, fog(including ice fog), high winds, etc.*  
Temperature: \_\_\_\_\_ C°      Wind Direction: \_\_\_\_\_      Wind Speed: \_\_\_\_\_ Km/h

**Person completing this report (or the contact person for this fire) if further information is required:**  
Name: \_\_\_\_\_ Rank/Title: \_\_\_\_\_  
Phone number:    Work: \_\_\_\_\_      Home: \_\_\_\_\_      Cell: \_\_\_\_\_  
Representing:     Fire     Police     Insurance     Office of the Fire Commissioner     Other:

**Line 12** (see instructions in *Guide* for Line 12)

*Give a brief description of the sequence of operations performed during the emergency, fire suppression methods used, the time it took to extinguish the fire and the equipment used. Use additional sheets and diagrams as required.*



**Injury Observed**

- Head, neck or spine
- Wounds - incised, lacerated, puncture, etc
- Heart attack or stroke
- Bone injury or fracture
- Burns/Scalds only
- Asphyxia/Respiratory condition (smoke & fire gases)
- Injury of muscle, ligaments or joints
- Eye injury
- Traumatic Shock
- Heat illness, cold exposure or fatigue
- Asphyxia (other than smoke or fire gases)
- Burns and Asphyxia (smoke)
- Unknown or unclassified
- Minor cuts, bruises or scrapes

**Familiarity with Structure**

- Less than 1 day
- 1 to 7 days
- 8 to 30 days
- 1 to 2 months
- 3 to 6 months
- 7 to 12 months
- over 1 year
- not a structure
- unclassified or not reported

**Location of Casualty at Time of Ignition**

- Intimately involved with ignition
- In the same room as fire origin
- On the same floor/level as fire origin
- In the same building as fire origin
- Outside building of fire origin
- Off property of fire origin
- Unclassified or not reported

**Type of Fabric or Material Ignited**

- Cotton
- Wool
- Other Natural Fibre
- Other Synthetic Fibre
- Mixture of Fibres
- Rubber
- Plastics or Plastic Foam
- Type of Fabric or Material Ignited - unclassified
- Type of Fabric or Material Ignited - not applicable

**Firefighter Casualty Information: Complete for Firefighter casualties - Select the *most appropriate* response in each section****Cause of Firefighter Injury**

- Fell/slipped
- Caught/trapped - in, by, between
- Struck by
- Contact with/exposure to
- Over exertion/strain
- Exiting or escaping - jumped
- Fire Department apparatus accident
- Assaulted

**Fire Fighter Activity at Time of Injury**

- Riding vehicle - includes accidents where boarding a vehicle
- Driving/operating apparatus
- Extinguishing fire/neutralizing incident
- Suppression support
- Access/egress
- Rescue
- Miscellaneous incident scene activity
- Station/Fire Hall activity
- Other activity

**Where Fire Fighter Injury Occurred**

- On route/returning
- At emergency scene - Outside at or above grade
- At emergency scene - Outside below grade
- At emergency scene - Inside structure at or above grade
- At emergency scene - inside structure below grade
- At emergency scene - Inside vehicle
- At fire department managed location
- At inspection site
- Other

**Fire Fighter Clothing - PPE**

*Check box as indicating item was present or worn*

- |   |   |
|---|---|
| <input type="checkbox"/> Helmet                 | <input type="checkbox"/> Helmet liner/balaclava |
| <input type="checkbox"/> Face shield            | <input type="checkbox"/> Other eye protection   |
| <input type="checkbox"/> Coat (turnout)         | <input type="checkbox"/> Pants (turnout)        |
| <input type="checkbox"/> Gloves (mitts)         | <input type="checkbox"/> Boots                  |
| <input type="checkbox"/> Equipment belt/harness | <input type="checkbox"/> Breathing apparatus    |
| <input type="checkbox"/> Other PPE - describe:  |   |

**Person completing this report (or the contact person for this fire) if further information is required:**

Name:

Rank/Title:

Phone number:

Work:

Home:

Cell:

Representing:

 Fire Police Insurance Office of the Fire Commissioner Other:



Please complete this form for all fires occurring in a building where smoke alarms are required to be installed.

Notes: Attach this Form to the **Basic Fire Incident Report - Form A** and **Fire Casualty Report - Form C** as applicable  
Complete separate D Forms for each building or occupancy involved, ie. an apartment building or duplex -

Date fire occurred: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Time fire occurred: \_\_\_\_\_  AM  
day month year use 24-hour clock  PM

Address of the fire: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
street address/lot, block and plan #/land location description RM/Town/City/Village/Hamlet postal code

This form is intended to gather critical information about the installation, operation and effectiveness of smoke alarms. Please report the role smoke alarms (including the absence or malfunction of alarms) played in the escape, injury or death of occupants. To assist in completing this **PROFILE**, please read the article: *Smoke Detector Technology and the Investigation of Fatal Fires*, available at the **interFire** web site: <http://www.interfire.org/features/smokedetector.asp>.

**INITIAL INFORMATION**

Date fire occurred: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Time fire occurred: \_\_\_\_\_  am  
day month year (use 24 hour clock)  pm

Address of the fire: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
street address/lot block and plan #/land location description RM/town/city name postal code

Location of fire:  CITY  TOWN  VILLAGE  HAMLET  RURAL MUNICIPALITY  OTHER

Casualties: (identify number of) **INJURY(IES):** **DEATH(S):**

**SMOKE ALARM(S) INSTALLED?**  YES  NO If YES continue – If NO go to **Remarks** Section

**INSTRUCTIONS**

1. Collect the alarm(s). If the investigation warrants it can be sent to the OFC for identification.
2. Record the type of the detector. A simple way of identifying ionization detectors is the radioactive symbol or reference to microcuries that might appear on the back of the detector.

**Ionization alarms contain a microcurie or less of Americium 241. Ingesting the radioactive particle may result in health problems in the future. Wear a filter mask (99.75% effective) and disposable gloves when recovering a smoke alarm. Place the smoke alarm debris in a plastic bag and seal the bag before examining the debris. Dispose of gloves, mask and smoke alarm in a sealed plastic bag in the garbage after examination is completed.**

3. Determine if the smoke alarm was properly installed and located. Was it in a dead air space, too close to walls, HVAC, etc.?
4. Consider whether the fire was fast flaming, small particle, or smoldering, large particle
5. Consider the location of the detector, relative to the location of the fire. How many doors are between the detector and the fire? Where the doors open or closed?
6. Consider the impact that open windows or HVAC systems might have on the flow of the smoke.
7. If the detector was disabled, consider how close the detector was to potential nuisance alarms. If no survivor is alive to help determine why it was disabled it may be helpful to talk to neighbours, relatives, or adjacent apartment or townhouse occupants, who probably have the detectors installed in the same location.

**ALARM INFORMATION**

Alarm Age: \_\_\_\_\_ Manufacturer (make/model): \_\_\_\_\_  
(estimated or actual date installed) (leave blank if unknown)

Type: (check one)  IONIZATION  DUAL CHAMBER IONIZATION  PHOTOELECTRIC  UNKNOWN

Power Supply\* **BATTERY:**  NORMAL ie. standard alkaline  EXTENDED ie. 10-year lithium  
**WIRED:**  HARDWIRED not interconnected  INTERCONNECTED

\* Any alarm connected to a structure's A/C power supply - even those alarms equipped with a battery backup - are classified as WIRED

Smoke alarm was: (check one)  WALL MOUNTED  CEILING MOUNTED

Did the smoke alarm(s) provide all occupants warning to escape safely?  YES  NO if NO provide details in Remarks  Building Not Occupied

**FIRE AND SMOKE DESCRIPTION**

- Was the fire: (check one)       **FAST FLAMING**       **SMOULDERING**  
Was the smoke: (check one)       **LARGE PARTICLE**       **SMALL PARTICLE**       **COLD SMOKE\***  
Was the Smoke:( check one)       **LIGHT COLOUR**       **DARK COLOUR**  
Was the fire cause:       **ACCIDENTAL**       **INCENDIARY**       **UNKNOWN**

*\*Cold smoke is created when smoke particles have sufficient time to collide and stick together resulting in a smoke particle size that is too large to enter the sensing chamber in an ionization smoke alarm.*

**SMOKE ALARM FAILURE DETAILS**

- Smoke alarm was: (check one)       **PROPERLY INSTALLED**       **IMPROPERLY INSTALLED** (including no battery or power off)  
Identify if the smoke alarm: check one)       **WAS DISABLED**       **FAILED TO OPERATE** (mechanical failure)  
Did any of the following have an effect or potential effect on the effectiveness of the smoke alarm(s)?  
 **OPEN WINDOWS**       **OPEN DOORS**       **HVAC SYSTEM**       **OTHER**  
Heating/Ventilation/Air Conditioning system      Describe:  
Number of doors between fire origin and smoke alarm      **Total number of doors:**      **#OPEN:**      **# CLOSED:**

**REMARKS:** (use additional sheets for discriptions and diagrams, as required)

Identify why a smoke alarm was not installed in this fire - if possable.  
Identify any reason(s) why the smoke alarm was disabled. (Consider location – was it susceptible to false alarms)  
Identify any reason(s) why the smoke alarm failed to operate.  
Describe any airflow patterns and how they may have affected the smoke alarm operation.

*Use additional pages/diagrams as needed*

**Person completing this report (or the contact person for this fire) if further information is required:**

- Name:      Rank/Title:  
Phone number:      Work:      Home:      Cell:  
Representing:       Fire       Police       Insurance       Office of the Fire Commissioner       Other: