

**Montana Mental Health Nursing Care Center
Fire Report Form**

A fire report form must be filled out every time the fire alarm system goes off or any time there is a fire of any kind. No matter how minor the fire or smoky condition is from a fire. Place the completed form in the maintenance box in the copy room.

Date: _____ Time: _____ Am/Pm _____

Name of person completing form: _____

What caused the fire or smoke?

What area was the fire or smoke in?

What action was taken?

Was anyone injured from the fire or smoke? _____yes _____no
If yes, explain and to what extent?

Did the fire alarm system go off? _____yes _____no

If yes, what component caused the fire alarm system to go off?

- A. Smoke detector # _____
- B. Pull station # _____
- C. Fire sprinkling area _____

Did local fire department respond? _____yes _____no

Any time there is a fire or smoky condition, even if the alarm has not gone off, the local fire department must be called at 911. If there is a fire or smoky condition from a fire, send a copy of this form to Glen Davis, state Deputy Fire Marshall. If the incident involves damage to the building, or injury or loss of life to resident (s) or staff, call Glen Davis immediately. Office phone 444-4170, home phone 406-449-6301. If the incident involves the loss of a human life, you must also notify the state Fire Marshall within 24 hours, Allen Lorenz, phone 444-2050

Note: if just the fire alarm goes off and there is no fire or smoky condition, a copy of this form does not have to be sent anywhere.