

OFFICE OF THE STATE FIRE MARSHAL
1537 Chestnut Grove Road
Dover, Delaware 19904-1544

Phone: (302) 739-4394

Fax: (302) 739-3696

Fire Incident Report
Health Care Inspector/Survey

Please Type For Legibility

Name of Facility: _____

Address of Facility: _____

Date/Time of Incident: _____ Date/Time Fire Dept. Notified: _____

Name of Victim: _____ Date of Birth: _____

Explanation of Incident: _____

Location of Fire: _____

Injuries: _____ Death(s): _____

Extent of Fire Damage: _____

Fire Dept. Arrival Time: _____

Status of Victim(s): _____

Cause of Fire/Incident: _____

Summary of Incident

Fire Started at Approximately _____ Hours Date _____

Pull Station Activated at _____ (Time)

Sprinkler System Activated at _____ (Time)

Detector/SD, HD Activated at _____ (Time)

Verbal Notification at _____ (Time)

Final Outcome of Incident _____

Print Name and Title of Reporting Person

www.statefiremarshal.delaware.gov

1. On main page, click on [Fire Incident Report Form for Hospitals, Nursing Homes, Limited Care Facilities](#)
2. Complete incident form (by typing the required information) before submitting to OSFM.
3. Please fax completed form to (302) 739-3696 within 24 hours of incident and send original in mail.