



1. NAME of EMERGENCY RESPONSE UNIT: (print) _____ ① = Band Response ② = Off-Reserve Response ③ = Mutual-Aid Response ④ = No Response : (✓)		
2. DATE: _____ TIME: _____	3. BAND: _____ I.R. : _____	4. (Street Address, Phone, fax) _____ _____ _____
5. TYPE OF INCIDENT: (✓) <input type="radio"/> Dwelling / Public Building Fire <input type="radio"/> Ambulance <input type="radio"/> Forest Fire <input type="radio"/> Search & Rescue <input type="radio"/> Other: _____		6. ESTIMATED PROPERTY LOSS \$ _____
7. COMMUNICATIONS USED: (✓) <input type="radio"/> Telephone Fan-out <input type="radio"/> 911 <input type="radio"/> Pagers <input type="radio"/> Siren <input type="radio"/> CB <input type="radio"/> Other: _____	8. ACTION TAKEN: (✓) <input type="radio"/> Extinguishment <input type="radio"/> Investigation <input type="radio"/> False Alarm <input type="radio"/> Rescue <input type="radio"/> Other: _____	9. CASUALTY: (number) a) DEATH: Adult ____ Child ____ INJURY: Adult ____ Child ____ b) Emergency Services Personnel _____
10. OWNERSHIP STATUS: (✓) <input type="radio"/> Owned <input type="radio"/> Leased <input type="radio"/> Government Property <input type="radio"/> Band Property <input type="radio"/> Other: _____	11. OCCUPANCY STATUS: (✓) <input type="radio"/> Occupied <input type="radio"/> Unoccupied <input type="radio"/> Trespasser <input type="radio"/> Demolition <input type="radio"/> Under Construction <input type="radio"/> Other: _____	12. INSURANCE: Yes <input type="radio"/> No <input type="radio"/> (Company name, address, ph / fax) _____ _____ _____
13. TYPE of CONSTRUCTION: (✓) <input type="radio"/> Non-combustible <input type="radio"/> Heavy Timber <input type="radio"/> Wood Frame <input type="radio"/> Other: _____	14. PROTECTION FACILITIES: (✓) <input type="radio"/> Fire Extinguishers <input type="radio"/> Sprinkler System <input type="radio"/> Stand-pipe <input type="radio"/> Detectors <input type="radio"/> Other: _____	15. EXTENT of DAMAGE: (✓) CONFINED TO: <input type="radio"/> Object <input type="radio"/> Room <input type="radio"/> Structure <input type="radio"/> Extended beyond structure <input type="radio"/> None / Minor Damage <input type="radio"/> Total Loss



<p>16. AREA OF ORIGIN: (✓)</p> <p> <input type="radio"/> Living Room <input type="radio"/> Sleeping Room <input type="radio"/> Furnace <input type="radio"/> Wood Stove <input type="radio"/> Storage <input type="radio"/> Basement <input type="radio"/> Dining Room <input type="radio"/> Kitchen <input type="radio"/> Garage <input type="radio"/> Vehicle <input type="radio"/> Extent <input type="radio"/> Other </p> <p>Specify: _____</p>	<p>17. SOURCE OF IGNITION: (✓)</p> <p> <input type="radio"/> Electrical Equipment / wire <input type="radio"/> Direct Contact (matches) <input type="radio"/> Explosion <input type="radio"/> Lightning <input type="radio"/> Grass Fire <input type="radio"/> Cooking <input type="radio"/> Combustion Engine <input type="radio"/> Heating Equipment <input type="radio"/> Smoking Material </p> <p>Specify: _____</p>	<p>18. MATERIAL 1st IGNITED: (✓)</p> <p> <input type="radio"/> Drapes / Flooring / Furniture <input type="radio"/> Decorations / Xmas Tree <input type="radio"/> Waste Paper / Oily Rags <input type="radio"/> Cooking Material (food) <input type="radio"/> Ceiling / Wall Board <input type="radio"/> Bedding / Clothing <input type="radio"/> Grass / Brush / Trees <input type="radio"/> Propane / Gas / Oils </p> <p>Specify: _____</p>
<p>19. CAUSE of INCIDENT: (Specify) PRIMARY: _____ SECONDARY: _____</p> <p>NOTE: 1) DWELLING / PUBLIC BLD. FIRE: arson, child related, cooking, heating, intoxication, unattended Sample list, use 2) SEARCH and RESCUE: lost, unprepared, intoxication, accident, natural disaster, unknown your judgement 3) AMBULANCE: home accident, heart attack, river-sea-mountain-road accident(s) 4) FOREST FIRE: Lightning, child related, carelessness, arson, unknown etc.</p>		
<p>20. STORY of INCIDENT: In your own words, give a brief account of the incident. Note any unusual or underlying conditions, which affected the incident. Attach news clippings / photos and suggest recommendations to alleviate or eliminate a similar occurrence. Use additional sheet if necessary.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		
<p>21. OTHER AGENCIES INVOLVED: (name, phone, fax, etc.)</p> <p>R.C.M.P.: _____</p> <p>BC Fire Commissioner: _____</p> <p>OTHER: _____</p>	<p>22. REPORTED BY: (fire chief, etc.)</p> <p>_____</p> <p>Date & Sign</p> <p>_____</p>	

PLEASE SEND THIS
COMPLETED INCIDENT
REPORT TO:

First Nations' Emergency Services Society of BC
1257-409 Granville Street,
Vancouver, BC V6C 1T2
www.fness.bc.ca

Fax: 604-669-9832
Phone: 604-669-7305
Toll Free: 888-822-3388
Email: info@fness.bc.ca