



HOW TO SEND THE FORM: Once the form has been filled please email to nirs@indigenousfiresafety.ca or mail the completed form to **12411 Dawson Place, Maple Ridge B.C. V4R 2L6**

If you have any questions please call NIRS **Toll Free Number 1.888.444.6811**

DISCLAIMER: This is not an emergency reporting system. Please ensure that active emergencies are reported to the local fire service or emergency service. Reporting an incident here will not result in dispatching the local authorities.

* Denotes Required Field

Line 1 (Incident Details)

* Band #: _____ Name of Fire Department: _____

* Address of Fire: *(House Number, Street Name or Number)* _____

* Community Name: _____

* Postal Code: _____ * Province: _____

* Date of Incident: *(mm/dd/yyyy)* _____ Time of Incident: *(use 24hr clock)* _____

* Type of Report: Structure Outdoor Vehicle Other If other, explain: _____

Fire Services on Scene: Full time Volunteer Combined *(full time and volunteer)*

Home Occupant at Time of Incident: Renter Owner Phone #: _____

Number of Injuries: Civilian Firefighter Number of Injuries: Male Female Non-binary

Age of Injured: *(For multiple injuries please write the age seperated by a comma for each)* _____

Number of Deaths: Civilian Firefighter Number of Deaths: Male Female Non-binary

Age of Deceased: *(For multiple deaths please write the age seperated by a comma for each)* _____

Line 2 (Person Completing This Report)

* Name: _____ Title: _____

* Phone #: _____ * Email: _____

* Representing: Fire Police Insurance Office of the Fire Commissioner Community member

If other, explain: _____ * Date this form was completed: _____

Please use this area for any additional remarks:

Line 3 (Property Classification)

Is the property insured Yes No Unknown

Estimated property value: \$

Estimated damage: \$

Property use: *(apartment, private dwelling, barn, store, business offices, hospital, restaurant, educational facility, manufacturing, hotel, motel, arena, rink, elevator, crops, grass, bush, forest, etc.)*

Describe property: *Please be as specific as possible in description.*

Building height (stories):

Building area (sq,ft):

Year built:

Number of people present at time of fire: *(if applicable)*

Type of Construction: Type V - Combustible Type IV - Heavy Timber Construction

Type III - Non-Combustible Exterior Type II - Non-Combustible Exterior and Components

Type I - Non-Combustible Materials and Structure

Please Describe Incident:

Please use this area for any additional remarks:

Line 4 (Circumstances of Fire)

Please select one of the following options for circumstances of fire.

How was fire detected:

Visually Smoke alarm Smell

Area of origin:

Kitchen Living room Bedroom Garage Exterior Other If other, explain:

Igniting object: *(What caused ignition?)*

Matches Cooking equipment Heating equipment Woodstove Smokers material Electrical

Grass Vehicle Forest Other If other, explain:

Fuel / Energy associated with ignited object: *(What fuel/energy powered the object?)*

Wood Fuel oil Gasoline Natural gas Electricity Open flame Lightning

Other If other, explain:

Energy causing ignition: *(How did the igniting object cause the fire?)*

Ember Electric spark Direct flame Friction heat Hot object

Heat from smokers material Exposure from another fire

Material first ignited: *(Describe what was ignited?)*

Structural component Furniture Clothing Flammable liquid or gas

Other If other, explain:

Line 4 (Circumstances of Fire) continued...

Act or omission: (*What action or inaction started the fire?*)

Suspicious Electrical fault Human error

Did the building have smoke alarms: Yes No Unknown

If yes, what type: Battery Hardwired Interconnected Unknown

Did the smoke alarms operate at time of fire: Yes No Unknown

If not, why not: Battery dead/missing Improperly located Circuit switched off Other

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:

Please use this area for any additional remarks:

Line 5 (Method of Fire Control and Extinguishment)

Select one of the following.

Did the building have fire safety systems present in the structure:

Smoke alarm system Fire extinguisher(s) Heat detectors

Did the building have a sprinkler system: Yes No Unknown If yes was system: Partial Full

Did the fire safety systems operate as designed/intended: Yes No Unknown

If not explain why, if known:

Method of Fire Control and Extinguishment: *refers to the method whereby the fire was controlled and extinguished.*

Hand fire extinguishers Standpipe and hose systems Fire department water

Completely burned out before arrival of fire department No fire detected

What was the Extent of Damage:

Confined to the object of origin Part of the room of origin Room of origin Floor of origin

Building of origin Extending beyond the building of origin No damage

Who Extinguished the Fire:

Extinguished by occupant By fire department Extinguishing system Non-fire event

Please use this area for any additional remarks

Read Privacy Policy Here: <https://indigenousfiresafety.ca/nirs-privacy-policy/>

* I Agree to the Privacy Policy