

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](http://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.