



Public School Fire Response Incident Report Form

(Please Print)

Date of Incident:	Time of Incident:
Name of School District:	Building Name:
County:	
Location Where Incident Occurred (within the building):	
Incident Type: <input type="checkbox"/> Fire <input type="checkbox"/> Fire Alarm Issue <input type="checkbox"/> Construction Related <input type="checkbox"/> Electrical <input type="checkbox"/> Cooking Related <input type="checkbox"/> Hazardous Material <input type="checkbox"/> Other (<u>please explain</u>)	
How Was Local Fire Department Notified: <input type="checkbox"/> Fire Alarm Triggered <input type="checkbox"/> Fire-Pull Station <input type="checkbox"/> Call to 911 <input type="checkbox"/> Other (<u>please explain below</u>)	
Describe How the Incident Occurred:	
School District Contact Person:	Contact Person Phone #:
Name of Fire Department Called:	Fire Department Contact Person & Phone #:
Actions Taken by School District in Response to this Incident:	
Describe Damage to the Building or Property:	
Attach Additional Sheets As Needed	

Please email completed report form to: FireSafety@nysed.gov