



Labour and Advanced Education

Office of the Fire Marshal

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Halifax, Nova Scotia

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www.gov.ns.ca/lae

FIRE INCIDENT REPORT

****** COMPLETE FORM & FAX TO PROPERTY SERVICES 538-4741 ******

Please complete the following Incident Report Form for every fire incident that occurs within the premises of your facility. Each report should be fully completed and forwarded to the following address no later than **10 days** after the date of incident.

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If you have any questions or require any assistance please contact the Office of the Fire Marshal.

INCIDENT DETAIL

Date of Incident (yyyy/mm/dd)		Time of Incident (24-hour clock)	
Civic Address	Community		Postal Code
Building Name			
Contact Person		Contact Phone Number	
Did a Fire Department Respond? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, which department? _____			

FIRE DETAIL

Property Classification		
Fire Origin		
Igniting Object		
Fuel or Energy		
Material First Ignited		
Possible Cause		
Description		
Injuries Yes <input type="checkbox"/> No <input type="checkbox"/>	Fatalities Yes <input type="checkbox"/> No <input type="checkbox"/>	Estimate of Damage

Submission Date (yyyy/mm/dd)	Name	Signature
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