



FACILITIES MANAGEMENT – PHYSICAL PLANT
OFFICE OF FIRE SAFETY

FIRE¹ INCIDENT REPORT

NOTIFY Office of Fire Safety	Mon-Fri 7:30 a.m.to 4:00 p.m.	(518) 442-3400
NOTIFY Office of Fire Safety	Off Hours	UPD/Plant Dept. on-call list

QUAD:	BLDG:	ROOM:
RESIDENCE HALL: Y N	ACADEMIC : Y N	SUPPORT: Y N
DAY:	DATE:	TIME:

FIRE ALARM SYSTEM ACTIVATED?	Y	N	FIRE SPRINKLER SYSTEM ACTIVATED?	Y	N
OTHER FIRE SUPPRESSION SYSTEM?	Y	N	BUILDING EVACUATED?	Y	N

HOW WAS BUILDING FIRE ALARM SYSTEM ACTIVATED?									
SMOKE DETECTOR		PULL STATION		FIRE SPRINKLER SYSTEM		HEAT DETECTOR		OTHER FIRE SUPPRESSION SYSTEM	

RESPONDERS TO FIRE INCIDENT:							
UNIVERSITY POLICE DEPARTMENT	Y	N	UNIVERSITY POLICE INVESTIGATOR	Y	N		
FACILITIES MGMT – POWER PLANT	Y	N					
ALBANY FIRE DEPARTMENT	Y	N	ALBANY FIRE DEPT. INVESTIGATOR	Y	N		
McKOWNVILLE FIRE DEPARTMENT	Y	N	McK. FIRE DEPT. INVESTIGATOR	Y	N		
FIRE SAFETY	Y	N	NYS OFPC INVESTIGATOR	Y	N		

DESCRIPTION OF FIRE	
FIRE POINT OF ORIGIN	
FIRE CAUSE	
METHOD OF EXTINGUISHMENT	

¹ FIRE – for purposes of reporting, a fire is “any instance of open flame or other burning in a place not intended to contain the burning or in an uncontrolled manner”. In the event of an injury or death caused by a fire, the University only has 1 hour to notify the Office of Fire Prevention and Control.

University at Albany, State University of New York

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VALUE OF PROPERTY DAMAGE (PERSONAL)	\$
VALUE OF PROPERTY DAMAGE (PUBLIC)	\$
NUMBER OF PERSONS INJURED	
NUMBER OF FATALITIES	

OFFICE OF FIRE SAFETY ADMINISTRATIVE USE		
NYS OFPC PHONE NOTIFICATION	DATE:	TIME:
FAX FORM DOS-1660 (9/04)	DATE:	TIME:
UALBANY FIRE LOG ENTRY	DATE:	
University Police Report Number		
Work Order Number(s)		

REPORT COMPLETED BY:

NAME (PRINT)

SIGNATURE

DATE

FIRE INCIDENT REPORT DISTRIBUTION:	
FAX copy to	FAX (518) 442-3464
Send original to Tyler Lemire via Inter-Office Mail	SBA 137
Keep copy for file.	

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