

# CAMPUS FIRE REPORT

New York State Division of Homeland Security and Emergency Services  
**OFFICE OF FIRE PREVENTION AND CONTROL**  
**INSPECTIONS AND INVESTIGATIONS BRANCH**  
 STATE OFFICE CAMPUS • 1220 WASHINGTON AVENUE • BUILDING 7A, 2ND FLOOR • ALBANY, NY 12226  
 PHONE: (518) 474-6746      FAX: (518) 474-3240



Pursuant to 19 NYCRR 500, any fire that occurs on property under the jurisdiction of a college or university must be reported to the Office of Fire Prevention and Control within 24 hours of occurrence or discovery.

*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.*

PLEASE PRINT

CAMPUS:	INCIDENT DATE AND TIME:								
BUILDING NAME OR NUMBER:	SFID:								
BUILDING USE: <input type="checkbox"/> RESIDENCE HALL <input type="checkbox"/> ACADEMIC <input type="checkbox"/> SUPPORT SERVICES	FIRE DEPARTMENT RESPONSE: <input type="checkbox"/> Y <input type="checkbox"/> N								
TYPE OF INCIDENT: <input type="checkbox"/> NUISANCE FIRE <input type="checkbox"/> ELECTRICAL FIRE <input type="checkbox"/> STRUCTURE FIRE <input type="checkbox"/> OTHER - PLEASE PROVIDE A BRIEF DESCRIPTION IN THE NARRATIVE SECTION	ACTION TAKEN: <input type="checkbox"/> NONE, OUT ON ARRIVAL <input type="checkbox"/> EXTINGUISHED BY CAMPUS PERSONNEL <input type="checkbox"/> EXTINGUISHED BY FIRE DEPARTMENT								
FIRE SEVERITY: <input type="checkbox"/> NO DAMAGE <input type="checkbox"/> DAMAGE TO ITEM OF FIRE ORIGIN <input type="checkbox"/> DAMAGE TO ROOM/AREA <input type="checkbox"/> DAMAGE TO MULTIPLE ROOMS/AREAS <input type="checkbox"/> DAMAGE TO ENTIRE STRUCTURE	FIRE INVESTIGATION: <input type="checkbox"/> Y <input type="checkbox"/> N								
	INVESTIGATING AGENCY:								
	INJURIES: PLEASE INDICATE NUMBER OF EACH <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 25%;">MINOR</th> <th style="width: 25%;">MODERATE</th> <th style="width: 25%;">SEVERE</th> <th style="width: 25%;">FATAL</th> </tr> </thead> <tbody> <tr> <td style="height: 30px;"></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	MINOR	MODERATE	SEVERE	FATAL				
MINOR	MODERATE	SEVERE	FATAL						

NARRATIVE - PLEASE PROVIDE A BRIEF DESCRIPTION OF THE INCIDENT:

REPORT COMPLETED BY	TITLE
SIGNATURE	DATE

ADDITIONAL COPIES OF THIS FORM ARE AVAILABLE AT <http://www.dhses.ny.gov>