

La Sierra University

Fire/Alarm Incident Report

Please mark one: ___ Fall Quarter ___ Winter Quarter ___ Spring Quarter

Submitted by: _____ Date: _____

Department: _____ Ext: _____

Date of Fire/ Alarm: _____ Time: _____

Location of Fire/ Alarm: _____

Cause of Fire/ Alarm (Please all that apply):

- Fire Drill
- Food Related
- Testing/ Repairs/ Maintenance
- Hygiene
- Device Activation
- Fire
- Unknown/ False Alarm
- Other

If "Other" please explain: _____

Value of Property Damages (Estimate): _____

Anyone injured? (Please check one): Yes___ or No___

Fire Department Dispatched? (Please check one): Yes___ or No___

Action/ Correction taken: _____

Please return completed report to Christine Bartholomew at La Sierra University Risk Management,
Administration Building Room 219