



OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER

RALPH T. HUDGENS
COMMISSIONER OF INSURANCE
SAFETY FIRE COMMISSIONER
INDUSTRIAL LOAN COMMISSIONER
COMPTROLLER GENERAL

Safety Fire Division Facility Fire Incident Report

Seventh Floor, West Tower
2 Martin Luther King Jr. Dr.
Atlanta, Georgia 30334
(404) 657-0831 or fax (770) 344-4899
www.oci.ga.gov

In accordance with the Rules and Regulations of the Insurance and Safety Fire Commissioner's Office Rule 120-3-6-.03, any owner, manager or operator of any building covered under the Georgia Fire Safety Act shall report every fire to the Safety Fire Division within twenty four hours of the incident whether or not the fire was accidental or incendiary. This form will enable you to provide the necessary details of the incident.

Report suspected incendiary fires immediately

Name of Facility: _____

Address: _____

City: _____ County: _____ State: Georgia Zip Code: _____

Contact Person: _____

Mailing Address: _____

Date of the Fire: _____ Time of the Fire: _____

Facility Sprinkler Status: Yes: _____ No: _____ Partial: _____

Extent of Damage to Area of Origin: _____

Known or Probable Cause of Fire: _____

Name of Fire Department that responded: _____

Injuries /Fatalities

Gender	Age	Extent of injury
1.		
2.		
3.		
4.		

Forward this report to the State Fire Marshal's Office by fax to 770-344-4899 or email to wbutler@sfm.ga.gov

If additional space is required, please use the back of this form

Signature of Official

Date