

INSTRUCTIONS: Report all fires which destroy or damage a camp building(s).

A. FACILITY INFORMATION

Facility Name: _____ Facility Code: _____

eHIPS Incident Number: _____
(LHD use only)

Facility Type: Day Overnight Municipal Day Camp Are 20% or more of the campers developmentally disabled? Yes No Date Reported _____

B. EVENT INFORMATION

Note: If a reportable injury occurred as a result of the fire, complete an Injury Report Form in addition to this form. Did an injury occur? Yes No

Date of Incident _____ Time of Occurrence _____ (Military time)

Where did the fire occur? _____ Specify for locations marked with an asterisk: _____

- | | | | | | |
|------------------|--------------------|-------------------------|------------------------|---------------------------|--------------------------|
| a. Aquatic area* | e. Bathroom/shower | i. Drama/stage area | m. Open field/lawn* | q. Recreational hall | u. Tenting/campsite area |
| b. Archery area | f. Classroom | j. Horseback area/trail | n. Outdoor sports area | r. Riflery area | z. Other* |
| c. Arts & crafts | g. Cookout area | k. Indoor sports area | o. Parking lot | s. Ropes/challenge course | |
| d. Assembly area | h. Dining area | l. Kitchen area | p. Playground | t. Sleeping area | |

C. INVESTIGATION

Was an On-Site Investigation conducted by the Local Health Department? Yes No Date of On-Site Investigation: _____

Did the Local Health Department conduct a telephone follow-up? Yes No Date of Follow-up: _____

D. NARRATIVE- Do not include the full names of people involved with the incident. Use the first and last name initials or other similar code.

Provide a description of the incident. Include details of the suspected cause of the fire, fire detection and fire department notification, personnel evacuation, assembly and accountability, as well as the camp's compliance with Subpart 7-2 and the written plan.

LHD use only. (Note: eHIPS will assign the incident and victim ID numbers when entered into the system.)

Information received by: _____ Title: _____ Report reviewed by: _____ Title: _____

Investigation/Follow-up Service:

Inspector's Name: _____ Date of Service: _____ Hours: _____ Service: On-site Investigation Telephone Follow-up
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