

**Minnesota State Fire Marshal Division  
Health Care Facility Fire Report**

**Date of Fire** \_\_\_\_\_ **Time of Fire** \_\_\_\_\_  
24 hr clock

**Facility Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Facility Type and Bed #** \_\_\_\_\_  
SNF, NF, BCH, HOSP, CAH, ICFMR, AmbSurg

**Fire Location** \_\_\_\_\_

**Describe Fire** \_\_\_\_\_

**Describe building damage** \_\_\_\_\_

**How was fire extinguished?** \_\_\_\_\_

**# of Deaths** \_\_\_\_\_ **Residents** \_\_\_\_\_ **Staff** \_\_\_\_\_ **Others** \_\_\_\_\_

**# of Injuries** \_\_\_\_\_ **Residents** \_\_\_\_\_ **Staff** \_\_\_\_\_ **Others** \_\_\_\_\_

**Describe Evacuation** \_\_\_\_\_

**Was FD Notified?** \_\_\_\_\_ **By What Method?** \_\_\_\_\_

**Was fire alarm system activated?** \_\_\_\_\_ **Automatically** \_\_\_\_\_ **Manually** \_\_\_\_\_

**Fire alarm system reset?** \_\_\_\_\_ **Describe any problems** \_\_\_\_\_

**Was fire sprinkler system activated?** \_\_\_\_\_ **Number of heads that activated** \_\_\_\_\_

**System restored to normal?** \_\_\_\_\_ **Describe any problems** \_\_\_\_\_

**State Fire Marshal Fire Inspector notified on:** \_\_\_\_\_  
Date & Time (24 hr clock)

**Was the Minnesota Department of Health notified?** \_\_\_\_\_

**Date of report** \_\_\_\_\_

**Submitted by** \_\_\_\_\_ **Title** \_\_\_\_\_  
Printed Name

**Signature** \_\_\_\_\_