

Laboratory Fire Incident Documentation Form

Incident Details

Date of Incident

Time of Incident

Laboratory Location

Room Number

Reporting Personnel

Name

Position/Title

Contact Information

Incident Description

Describe the incident

Chemicals/Equipment Involved

Cause of Fire (if known)

Immediate Actions Taken

Persons Involved

Names of Persons Involved/Injured

Nature of Injuries (if any)

Response and Follow-up

Emergency Services Contacted

Names of Emergency Responders

Further Actions/Recommendations