

FIRE ALARM REPORT FORM

What caused the alarm to sound?

- Planned Drill
 Accident (False fire alarm)
 Actual Fire

Date: _____ Time: _____
 Building: _____ Zone: _____ Specific Location: _____
 Time duration: _____ From: _____ To: _____

Was the building evacuated? Yes No
 If yes what time? _____

What type of alarm was activated?

- Smoke detector
 Heat Detector
 Other _____

Action taken:

Were the floor leaders present? Yes No

Explain any difficulties during the alarm:

Were there injuries? Yes No Were there any damages? Yes No
 (If yes, attach copy of Incident Report to this Report listing injured persons and detailing damages)

Fire discovered by: _____ Position: _____ Phone: _____

Submitted by: _____ Date: _____

What is a: Fire? False Alarm? Planned Drill?

FIRE

Where smoke, flames and / or heat are present

PLANNED DRILL

A Scheduled activation of the Fire Alarm System

FALSE FIRE ALARM

Where smoke, flames and / or heat are not present. Possible tampering with pull station, heat and / or smoke detectors and / or a malfunction of the Fire Alarm System for unknown reasons.

Return this form to Ms Andri Christodoulou (EH&S Office – Tel: 22841 779) or
 Ms Liana Ellina (Head of the First Aider – Main Reception Tel: 22841 500)