



OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER

COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER

Ralph T. Hudgens, Commissloner

2 Martin Luther King Jr., Dr., Suite 912, West Tower, Atlanta, GA 30334

Phone: 404-463-0738 ♦ Fax: 404-656-5529 ♦ E-mail: kshadix@oci.ga.gov



www.oci.ga.gov

FACILITY FIRE INCIDENT REPORT – CMS VERSION

SAFETY FIRE FACILITIES
GID-339C-SF NOV2015

In accordance with the Rules and Regulations of the Insurance and Safety Fire Commissioner’s Office Rule120-3-6-.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 (24) 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: _____ Date: _____

Street Address: _____

City: _____ County: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ County: _____ State: _____ Zip: _____

Number of Stores: _____ Number of Occupants: _____

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: _____ Phone No: _____

What Remedial action will/has been implemented to prevent future fires? _____

Was last Fire Prevention Education Instruction conducted by a Local Fire Authority? Yes No

If yes, give location & date. Location: _____ Date: _____

Injuries / Fatalities

Gender				Age	Extent of Injury	Fatality		
	Male		Female			Yes		No
	Male		Female			Yes		No
	Male		Female			Yes		No
	Male		Female			Yes		No
	Male		Female			Yes		No
	Male		Female			Yes		No

Use this space and the back of this form for additional details.

Signature of Official: _____ Date: _____

Forward this report to Keith Shadix by fax: 404-656-5529 or e-mail: kshadix@oci.ga.gov