INSTRUCTIONS: See Environmental Health Manual Procedure CSFP-146 before completing this form.

A. FACILITY INFORMATION

Facility Name: ______________________________________________________ Facility Code: ______________

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

Date Reported __/__/__ to Local Health Department

B. EVENT INFORMATION

eHIPS Incident Number: __________________________ (Note: eHIPS will assign when entered into system)

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.

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Information received by: _______________________________ Title: _______________________________

Report reviewed by: _______________________________ Title: _______________________________