



Ohio Department of Commerce

Division of State Fire Marshal
Code Enforcement

8895 East Main Street
Reynoldsburg, OH 43068
(614) 728-5460 FAX (614) 728-5168
www.com.state.oh.us

John Kasich
Governor

David Goodman
Director

NURSING HOME FIRE REPORT

SEND TO STATE FIRE MARSHAL & OHIO DEPARTMENT OF HEALTH WITHIN 24 HOURS OF FIRE INCIDENT

Name of Facility:			License / Provider Number	
Address:			Date of Fire:	
City:	Zip:	County:	Time of Fire:	<input type="checkbox"/> AM <input type="checkbox"/> PM

Type of fire: (Provide narrative description—use the back of this form to provide additional information)

Location of fire in the facility:

Cause if known:

	TOTAL NO. INJURED	NO. OF RESIDENTS	NO. OF STAFF	NO. OF VISITORS	NO. OF OTHERS
Was anyone injured? <input type="checkbox"/> yes <input type="checkbox"/> no					
Were there any fatalities? <input type="checkbox"/> yes <input type="checkbox"/> no					

Residents were evacuated from: room floor wing building

Residents were, or are, relocated to other facilities or locations? yes no

Was the fire alarm system activated? <input type="checkbox"/> yes <input type="checkbox"/> no	METHOD OF ACTIVATION		Is the fire alarm system restored to normal working condition? <input type="checkbox"/> yes <input type="checkbox"/> no
	<input type="checkbox"/> manual pull station <input type="checkbox"/> smoke detector	<input type="checkbox"/> heat detector <input type="checkbox"/> sprinkler system	

Number of sprinkler heads activated:	Is the sprinkler system restored to normal operation condition? <input type="checkbox"/> yes <input type="checkbox"/> no
	Time sprinkler system restored to service: A.M. P.M.

Fire department responded? <input type="checkbox"/> yes <input type="checkbox"/> no	Time fire department arrived: A.M. P.M.	Fire extinguished by: <input type="checkbox"/> staff <input type="checkbox"/> fire dept. <input type="checkbox"/> others
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Name: **FIRE DEPARTMENT INFORMATION**

Address:	City:	Zip:
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SEND TO:

**DIVISION OF STATE FIRE MARSHAL
CODE ENFORCEMENT BUREAU
8895 EAST MAIN STREET
REYNOLDSBURG, OHIO 43068
FAX (614) 728-5168**

**OHIO DEPARTMENT OF HEALTH
BUREAU OF REGULATORY COMPLIANCE
246 NORTH HIGH STREET 3RD FLOOR
COLUMBUS, OHIO 43216
FAX (614) 564-2477**