



# Department of Commerce

Division of State Fire Marshal  
John R. Kasich, Governor  
Jacqueline T. Williams, 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	<b>METHOD OF ACTIVATION</b> <input type="checkbox"/> manual pull station <input type="checkbox"/> heat detector <input type="checkbox"/> smoke detector <input type="checkbox"/> sprinkler system	Is the fire alarm system restored to normal working condition? <input type="checkbox"/> yes <input type="checkbox"/> no
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

Name: **FIRE DEPARTMENT INFORMATION**

Address: City: Zip:

**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 LONGTERM CARE  
246 NORTH HIGH STREET 3<sup>RD</sup> FLOOR  
COLUMBUS, OHIO 43215  
FAX (614) 564-2450**

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