Ohio | Department of Commerce
Division of State Fire Marshal

Nursing Home Fire Report

Send to State Fire Marshal and 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 (AM/PM)**
Type of fire (Provide narrative description-use the back of this form to provide additional information)					
Location of fire in the facility and cause (if known)					

	Total No. Injured	**No. of Residents**	**No. of Staff**	**No. of Visitors**	**No. of Others**
Was anyone injured? Y / N					
Were there any fatalities? Y / N					

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?	**Method of Activation**	**Is the fire alarm system restored to normal working condition?**
☐ Yes ☐ No	☐ Manual pull station ☐ Heat detector ☐ Smoke detector ☐ Sprinkler system	☐ Yes ☐ No

Number of sprinkler heads activated	**Is the sprinkler system restored to normal operation condition? ☐ Yes ☐ No**	
	Time sprinkler system restored to service (AM/PM)	
Fire department responded? ☐ Yes ☐ No	**Time fire department arrived (AM/PM)**	**Fire extinguished by** ☐ Staff ☐ Fire Dept. ☐ Other
Fire Department Name and Address		

Code Enforcement Bureau
8895 East Main Street
Reynoldsburg, Ohio 43068
Nursing Home Fire Report
3/2019
COM 5110

614-728-5460
Fax 614 -728-5460
TTY/TDD 800-750-0750
com.ohio.gov/fire