

INSTRUCTIONS: Use this form to report all fires which destroy or damage a camp building(s).

SECTION A: FACILITY INFORMATION

Camp Name: _____ **Facility Code:** _____ **Date Reported:** _____

Camp Address: _____ **Facility Type:** Day Overnight Municipal Day Camp

Are 20% or more of the campers developmentally disabled? Yes No

SECTION B: EVENT INFORMATION

Date of Fire: _____ **Time of Occurrence** (Military time): _____ **Did an injury occur?** Yes No

Note: If a reportable injury occurred as a result of the fire, complete form DOH-61A (Children's Camps Injury Report) in addition to this form.

Where did the fire occur? _____

- | | | | | | |
|------------------|--------------------|-------------------------|------------------------|---------------------------|--------------------------|
| 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 | |

***For locations marked with an asterisk, please provide the specific name or description of the location:** _____

SECTION C. NARRATIVE - Note to LHD: When entering the narrative into eHIPS, 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 (use additional sheets if necessary). 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 their written safety plan.

LHD USE ONLY (Note: eHIPS will assign the incident and number when entered into the system.)

eHIPS Incident Number: _____

Information received by: _____ **Title:** _____

Report reviewed by: _____ **Title:** _____

INVESTIGATION/FOLLOW-UP SERVICE:

Inspector's Name: _____

Date of Service: _____ **Hours:** _____ **Service:** On-site Investigation Telephone Follow-up

Inspector's Name: _____

Date of Service: _____ **Hours:** _____ **Service:** On-site Investigation Telephone Follow-up