

**Minnesota Department of Public Safety**

**State Fire Marshal Division**

444 Cedar Street; Suite 145

St. Paul, MN 55101-5145

**After-Fire Incident Report – Lessons Learned**

Property Information:

Property name:       Occupancy type:

Property address:       City:      , MN Zip:

Incident Date:       Contact name:

Building status at time of incident?:  If other, please explain:

Contact telephone: (     )       Contact E-Mail:

Inspection History:

Previously inspected by State Fire Marshal Division staff?: [ ] Yes [ ] No If yes, date?:

Inspection file # (if known):       Were fire safety violations cited?: [ ] Yes [ ] No

Violations corrected prior to fire?: [ ] Yes [ ] No Did violations contribute to fire?: [ ] Yes [ ] No

Explain:

Investigation Information:

Was incident investigated?: [ ] Yes [ ] No If yes, by whom:

Origin/Cause identified?: [ ] Yes [ ] No If yes, describe:

Areas/Rooms burned:

Areas/Rooms damaged by smoke:

Areas/Rooms damaged by water:

Description of Construction:

Construction classification of structure:

Ratings for area/room of origin: Walls:  Ceilings: Floors: Corridors: Doors:

Were any of the above features breached?: [ ] Yes [ ] No If yes, describe:

Were pipe, duct, & similar penetrations sealed? [ ] Yes [ ] No Penetrations breached?: [ ] Yes [ ] No

Has required fire resistive construction been restored following the fire / incident?: [ ] Yes [ ] No

Fire Protection System Operation:

Sprinkler protection:  Date of last inspection?:       # of sprinklers activated?:

Sprinkler operation:  If other, please explain:

Has sprinkler system been restored to full function?: [ ] Yes [ ] No

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Fire alarm protection: Date of last inspection?:

Initiating devices activated?: [ ]  Manual pull station [ ]  Smoke detection [ ]  Heat detection [ ]  Water flow

 [ ]  Flame detection [ ]  Other – describe:

List specific detectors that were activated:

Has fire alarm system been restored to full function?: [ ] Yes [ ] No

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Smoke alarm protection:  If other, please explain:

Did smoke alarms activate?: [ ] Yes [ ] No If no, please explain:

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HVAC / duct system involved?: [ ] Yes [ ] No Duct detection:  If other, please explain:

HVAC / duct fans shut-down?: [ ] Yes [ ] No If no, please explain:

Smoke control system operation?:  If other, please explain:

Egress Features:

Did egress systems (doors, corridors, stairs, windows, etc.) assist people in evacuating?: [ ] Yes [ ] No If no, please explain:

Describe any egress issues that hindered evacuation (obstructions, locks, improper design, etc.):

What building features assisted in occupant egress?:

Has egress system been restored to allow re-occupancy?: [ ] Yes [ ] No If no, please explain:

Staff / Occupant Actions:

Did staff call 911?: [ ] Yes [ ] No Did staff activate fire alarm system?: [ ] Yes [ ] No

Did staff assist in occupant evacuation (guests, students, residents, tenants)?: [ ] Yes [ ] No

Did staff attempt extinguishment?: [ ] Yes [ ] No Was it successful?: [ ] Yes [ ] No

Was there any delay in notifying occupants or fire department?: [ ] Yes [ ] No If yes, explain:

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Did occupants call 911?: [ ] Yes [ ] No Did occupants activate fire alarm system?: [ ] Yes [ ] No

Did occupants assist other occupants with evacuation (guests, students, residents, tenants)?: [ ] Yes [ ] No

Did occupants attempt extinguishment?: [ ] Yes [ ] No Was it successful?: [ ] Yes [ ] No

Was there any delay in notifying occupants or fire department?: [ ] Yes [ ] No If yes, explain:

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Any occupants or staff injured?: [ ] Yes [ ] No If yes, explain:

Other Information:

Factors contributing to fire spread (open doors, storage, vertical openings, penetrations, unrated construction, interior finish, etc.)?:

Building protection features inhibited fire spread (construction, fire-rated separations, fire protection systems, etc.)?:

Factors contributing to smoke spread (open doors, storage, vertical openings, penetrations, unrated construction, interior finish, etc.)?:

Building protection features inhibited smoke spread (construction, fire-rated separations, fire protection systems, etc.)?:

Describe any fire code or fire safety violations or deficiencies identified?:

Additional lessons learned?:

Comments:

Employee Making Report:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:       Date:

Title: