

Reporting of Unwanted Fire

The 2007 Minnesota State Fire Code (MSFC) requirements for reporting unwanted fires in Institutional occupancies to the State Fire Marshal Office.

Some general definitions.

2007 MSFC – Section 202 – General Definitions:

FIRE CHIEF. The chief officer of the fire department serving the jurisdiction or the chief's authorized representatives. For purposes of enforcing this code, the term fire chief also includes the state fire marshal and the state fire marshal's representatives.

FIRE CODE OFFICIAL. The fire chief or other designated authority charged with the administration and enforcement of the code, or a duly authorized representative.

UNWANTED FIRE: A fire not used for cooking, heating or recreational purposes or one not incidental to the normal operations of the property.

2007 MSFC – Chapter 4 – Emergency Planning and Preparedness:

401.1 Scope. Reporting of emergencies, coordination with emergency response forces, emergency plans, and procedures for managing or responding to emergencies shall comply with the provisions of this section.

***Exception:** Firms that have approved on-premises fire-fighting organizations and that are in compliance with approved procedures for fire reporting.*

401.2 Approval. Where required by this code, fire safety plans, emergency procedures, and employee training programs shall be approved by the fire code official.

401.3 Emergency forces notification. In the event an unwanted fire occurs on a property, the owner or occupant shall immediately report such condition to the fire department.

Building employees and tenants shall implement the appropriate emergency plans and procedures. No person shall, by verbal or written directive, require any delay in the reporting of a fire to the fire department.

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2007 MSFC – Section 103 – Department of Fire Prevention

104.10 Fire investigations. The fire code official, the fire department or other responsible authority shall have the authority to investigate the cause, origin and circumstances of any fire, explosion or other hazardous condition. Information that could be related to trade secrets or processes shall not be made part of the public record except as directed by a court of law.

The fire department that is mentioned in 401.3 includes the Fire Chief and the State Fire Marshal. You will need to report to both as the level of the fire determines.

Then finally the requirements of Centers for Medicare and Medicaid Services (CMS), S&C -04-23, dated March 11, 2004, Procedures in the Event of a Fire in a Medicare or Medicaid-Certified Health Care Facility (see attached) or by the CMS website:
<http://www.cms.hhs.gov/SurveyCertificationGenInfo/downloads/SCletter04-23>

You can find the proper form to be use on the Minnesota State Fire Marshal website:
<http://www.fire.state.mn.us/Healthcare/HealthcareFireReporForm2007.pdf>.

The procedure to report a fire to the State Fire Marshal is:

1. Contact the Deputy State Fire Marshal listed on your Firewatch policy by telephone and or by email as soon as possible
2. Fill out the Minnesota State Fire Marshal Division Health Care Facility Fire Report and send via fax or email to the Deputy State Fire Marshal listed on your Firewatch policy
3. The Deputy State Fire Marshal will contact you to review the report over the telephone or by a on-site visit

**Minnesota State Fire Marshal Division
Health Care Facility Fire Report**

Date of Fire _____ **Time of Fire** _____
24 hr clock

Facility Name _____

Address _____

Facility Type and Bed # _____
SNF, NF, BCH, HOSP, CAH, ICFMR, AmbSurg

Fire Location _____

Describe Fire

Describe building damage

How was fire extinguished? _____

of Deaths _____ **Residents** _____ **Staff** _____ **Others** _____

of Injuries _____ **Residents** _____ **Staff** _____ **Others** _____

Describe Evacuation

Was FD Notified? _____ **By What Method?** _____

Was fire alarm system activated? _____ **Automatically** _____ **Manually** _____

Fire alarm system reset? _____ **Describe any problems**

Was fire sprinkler system activated? _____ **Number of heads that activated** _____

System restored to normal? _____ **Describe any problems**

State Fire Marshal Fire Inspector notified on: _____
Date & Time (24 hr clock)

Was the Minnesota Department of Health notified? _____

Date of report _____

Submitted by _____ **Title** _____
Printed Name

Signature _____