DSU Campus Safety and Emergency Management

Dickinson State University FIRE CALL REPORT

This report will be utilized to maintain record of all fire calls that occur on DSU property. This report must be filed with the DSU Campus Safety Office, Email: dsu.publicsafety@dickinsonstate.edu

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Date and time of call:			
Building / Other Location	on:		
Reported by:		Alarm reported by	Johnson Control? Yes No
Actual Fire? Yes	No Did Fire Alarm Act	ivate? Yes No	
Alarm activated by: 🔲 I	Pull Station Smoke Ser	nsor Heat Sensor Othe	r
Alarm caused by:			
Did you notify anyone?			
Fire Call Response: F	Fire Department 🔲 Law	Enforcement Ambuland	ee
Was fire suppression eq	uipment used? 🗌 Yes 🏾] No	
Sprinkler system activat	ed. 🗌 Yes 🔲 No 🏻 Is sp	orinkler system restored to ful	l function?
Did staff call 911? Ye	s No Did staff a	ctivate the fire alarm system?	Yes No
Did staff assist in occupa	ant evacuation?	No Did staff or occupants at	tempt extinguishment? Yes No
Was it successful? Ye	s No Was there any	delay in notifying occupants o	r fire department? Yes No
If yes in delay, explain:			
Describe fire call event a	and procedures used to ev	acaute the building:	
Describe incident:			
Injuries:	Fatalities:	Property Damage: Y	es No If yes, identify below:
Property damage:			
Report completed by:			Date:
Reviewed by:			Date: