



Environmental Health & Safety

# Fire Alarm Incident Report

This report *must* be submitted to Ohio University's Department of Environmental Health & Safety (EHS) by **Residential Housing (RH) Staff for fire alarm exemption. This report will be accepted for the current quarter only.** This report must be received within 24 hours of any fire alarm. You may fax the form (593-0808), or deliver it to University Service Center Room 175.

**Building:** \_\_\_\_\_ **Green:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**TIME of Fire Alarm:** \_\_\_\_\_ AM  \_\_\_\_\_ PM

Did RH staff call 911 to give any information after the alarm sounded? (Check) Yes  No

**Time for occupants to evacuate (approximate):** \_\_\_\_\_

**Evacuation response/behavior** (all left building, stayed out of street, waited for authorities to re-enter, talked back or refused to leave, etc.):  
\_\_\_\_\_

**Time** Athens Fire Dept./OUPD allowed occupants to **re-enter**: \_\_\_\_\_

- 1) If cause of fire alarm was **occupant(s) behavior** - describe (ex. cooking/burned food, smoking, incense, spraying aerosol- air freshener, perfume, water, fire extinguisher, false (malicious) manual fire alarm pull, other? )  
\_\_\_\_\_
  
- 2) If cause of fire alarm was due to **Equipment Malfunction** or **building conditions**: (ex. building utilities - steam, non-fire heat, unknown FA device malfunction, dust, staff cleaning, etc.): equipment involved, if known ?  
\_\_\_\_\_

Fire Alarm Equipment functioned (horns/strobes/speakers audible)?: \_\_\_\_\_

Number of people evacuated: \_\_\_\_\_

Comments/suggestions: \_\_\_\_\_

Residential Housing Staff (Print Name) \_\_\_\_\_

Residential Housing Staff Signature: \_\_\_\_\_

Residential Housing Staff Telephone Number: \_\_\_\_\_

**Ohio University Department of Environmental Health & Safety**  
**Fire Protection, 175 University Service Center**  
**Fax: 593-0808. EHS main office: 593-1666**