



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 Hudson Health Center Room 212.

**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, 212 Hudson Health Center  
Fax: 593-0808. EHS main office: 593-1666**