



# Automated Fire Incident Report

F1111111

## INCIDENT REPORT

Date/Time Reported:		Incident Type:	TEST INCIDENT			
Facility:	TEST FACILITY		Location:	TEST LOCATION		
Report Type:	Elevator Entrapment: <input checked="" type="checkbox"/>	Fire Alarm: <input type="checkbox"/>	Chemical Incident: <input type="checkbox"/>	Report Status: ACTIVE		
How Received:			Other Units Notified:	TEST		
Date/Time From:	04/27/2020	To:		GFD Contacted: <input type="checkbox"/>	GFD Arrived: <input type="checkbox"/>	GFD Cleared: <input type="checkbox"/>
AFD Contacted:		AFD Arrived: <input type="checkbox"/>	AFD Cleared: <input type="checkbox"/>	GPD Contacted: <input type="checkbox"/>	GPD Arrived: <input type="checkbox"/>	GPD Cleared: <input type="checkbox"/>
AMR Contacted:		AMR Arrived: <input type="checkbox"/>	AMR Cleared: <input type="checkbox"/>			
Address of Incident:	1234 69TH ST AL		Cube/Col/Room: <input type="checkbox"/>	Reporting Officer: System Administrator		

## ELEVATOR ENTRAPMENT

Number of Occupants:	2	Are there any Medical Problems?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Facilities Notified?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Equipment on Elevator?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			Elevator Turned Off for Repair?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Equipment on Elevator:	ELEVATOR TYPE				
Other Information:	OTHER INFORMATION				

## NARRATIVE

This is an example of a Fire Incident Report.