

**FOR NOTIFICATION OF ANY FIRE OR FIRE RELATED INCIDENT**

(E.g. premises evacuation, alarm activation, building / vehicle fire, obstructed exit routes)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **LOCATION** | | | |  | | | | | | | | | | | |
| DATE | |  | | | | | TIME |  | | DEPARTMENT | | |  | | |
| BUILDING |  | | | | | | | | | FLOOR AND ROOM | | |  | | |
| **CALL POINT/DETECTOR HEAD\* (delete as approp) LOCATION** | | | | | |  | | | | **IF DETECTOR HEAD - NUMBER:** | | |  | | |
| **INCIDENT DETAILS AND PROBLEMS IDENTIFIED** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **ACTION TAKEN AND FURTHER ACTION REQUIRED** | | | | | | | | | | | | **DATE ACTION COMPLETED** | | | **LINE MANAGER PRINT NAME AND SIGN** |
|  | | | | | | | | | | | |  | | |  |
|  | | | | | | | | | | | |  | | |  |
|  | | | | | | | | | | | |  | | |  |
| ***Tick if applicable*** | | | | | | | | | | | | | | | |
| Alarm Activated | | | | | Fire Brigade  Attended | | | | Extinguisher  Discharged | | | | | Building  Evacuated | |
| **CONTACT DETAILS (persons involved in incident)** | | | | | | | | | | | | | | | |
| NAME | | |  | | | | | | NAME | |  | | | | |
| DEPT | | |  | | | | | | DEPT | |  | | | | |
| FORM COMPLETED BY | | | | | | | | | | | | | | | |
| **NAME** | | |  | | | | | | EMAIL | |  | | | | |
| **DEPT** | | |  | | | | | | TEL EXT | |  | | | | |
| **POSITION** | | |  | | | | | |  | |  | | | | |

**Please forward a copy to University Health & Safety Department, Exion 27, fax to 644799 or email to** [**healthandsafety@brighton.ac.uk**](mailto:healthandsafety@brighton.ac.uk) **(original to be kept by reporting Dept for records)**