MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
DIVISION OF REGULATION AND LICENSURE
SECTION FOR LONG-TERM CARE REGULATION

FIRE REPORT

FOR SLCR USE ONLY	
DATE REGION SENT TO CENTRAL OFFICE	FACILITY ID NUMBER
FIRE LOCATION	FIRE CAUSE

FACILITY NAME	REGION
FACILITY ADDRESS	COUNTY
OWNER	ADMINISTRATOR

DATE OF FIRE	TIME FIRE WAS DISCOVERED	WHO DISCOVERED THE FIRE?

TIME FIRE DEPARTMENT ARRIVED	LOCATION IN THE FACILITY AND CAUSE OF FIRE
AMOUNT OF DAMAGE CAUSED BY FIRE	CENSUS AT TIME OF FIRE (NUMBER)

WAS FIRE ALARM ACTIVATED? ☐ YES ☐ NO	TIME ALARM WAS ACTIVATED	DATE/TIME FIRE ALARM WAS PUT BACK IN SERVICE IF ACTIVATED

WAS SPRINKLER SYSTEM ACTIVATED? ☐ YES ☐ NO	DATE/TIME SPRINKLER SYSTEM WAS PUT BACK IN SERVICE IF ACTIVATED
NUMBER OF STAFF ON DUTY	IF EVACUATION WAS REQUIRED, NUMBER OF RESIDENTS REQUIRING ASSISTANCE

NUMBER OF INJURIES OR DEATHS TO RESIDENTS OR EMPLOYEES AS RESULT OF FIRE	NUMBER RESULTING FROM SMOKE INHALATION	NUMBER RESULTING FROM BURNS

IS ARSON SUSPECTED? ☐ YES ☐ NO	NAME AND CONTACT INFORMATION OF INVESTIGATING FIRE/POLICE OFFICIAL

CIRCUMSTANCES THAT MAY HAVE PREVENTED THE FIRE, IF ANY.

REMARKS (ATTACH A BRIEF NARRATIVE OF THE EVENTS - IF THE FIRE CAN BE ATTRIBUTED TO A PARTICULAR PERSON(S), INCLUDE THEIR NAME AND IDENTIFYING DATA.)

FACILITY ADMINISTRATOR/MANAGER SIGNATURE	TITLE	DATE

PLEASE PRINT NAME OF PERSON SIGNING ABOVE

ADDRESS

CITY, STATE, ZIP CODE

RETURN TO: **MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES**
DIVISION OF REGULATION AND LICENSURE
SECTION FOR LONG-TERM CARE REGULATION REGION ____________

FIRE DEPARTMENT REPORT ATTACHED? ☐ YES ☐ NO	IF NO, PLEASE EXPLAIN