

HOME HEATING FIRE REPORT

Fire Department Responding _____ NFIRS # _____

Date: _____ Weather _____ Temperature _____

Owner _____

Occupant: _____

Amount of damage: _____

Home Heating Fire Cause

Was the equipment involved the primary source of heat for the residences? Yes No

Was the equipment involved an alternative source of heat? Yes No

EQUIPMENT INVOLVED – Make _____ Model # _____ Serial # _____

Type of equipment involved: circle all that apply:

Furnace Stove Outdoor stove (furnace) Electric base board Portable electric Other _____

Type of heating equipment fuel: circle all that apply:

Oil fired LP gas fired Kerosene fired Coal fired Wood fired Electric Other _____

Cause of fire: circle all that apply:

Improper installation Faulty construction Dirty flue Poorly maintained Improper use

Combustibles to close Inadequate clearance Worn out Not used for the intended purpose

Was there a smoke detector present? Yes No **Did it work?** Yes No

Was there a CO detector present? Yes No **Did it work?** Yes No Would not have been set off

Please include any comments that would be helpful to this report. **Thank you** for your help.

Please return this survey to your BC, or e-mail to BC-3 (jack.halchak@co.sullivan.ny.us)