**Fire & Life Safety Contractor**

**Incident - Claim Report Form**

**Contractors Direct Contact for this Incident:**

Name:

Email:

Phone Number:

**Basic Information**

|  |  |
| --- | --- |
| Incident Location |  |
| Street Address |  |
| City, State, Zip |  |
| Contact at Site |  |

**Company Response Information**

|  |  |  |
| --- | --- | --- |
| Date we were contacted |  |  [ ]  AMTime: [ ]  PM  |
| How we were contacted |  |
| Who contacted us | *Name, Organization, Title, Phone* |
| Who responded from our company | *Name, Title* |
| When did we respond | *Date, Time* |
| List everyone we talked to at site or as a result of the incident | *Name, Organization, Title, Phone* |
| Additional Comments |  |

**Incident Details**

|  |  |  |
| --- | --- | --- |
| Date incident occurred |  |  [ ]  AMTime: [ ]  PM  |
| Type of Building: [ ]  Office[ ]  Hospital[ ]  School-classroom[ ]  Sch. - residence hall | [ ]  Retail[ ]  Nursing Home[ ]  Apartment[ ]  Other \_\_\_\_\_\_ | [ ]  Industrial[ ]  Assisted Living[ ]  Condo | [ ]  Warehousing[ ]  Single Family [ ]  Townhouse  |
| Status of job | [ ]  Completed: \_\_\_\_\_\_\_\_\_\_\_\_ Date Completed [ ]  Installation In Progress: \_\_­­­\_\_\_ % Completed[ ]  Service/Repair [ ]  Inspection  |
| System  | [ ]  Wet [ ]  Dry [ ]  Pre-Action [ ] Deluge[ ]  Steel [ ]  CPVC [ ]  Copper [ ]  Antifreeze[ ]  Standpipe [ ]  with Fire/Booster Pump  |
| Damage caused by  | [ ]  Head [ ]  Pipe [ ]  Fitting[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Source of Activation | [ ]  Fire [ ]  Heat [ ]  Freezing[ ]  Accidental [ ]  Physical Damage[ ]  Unknown (describe)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Observations*Note temperature of area, evidence of vandalism or tampering of system.**Take pictures of loss, and surrounding damage.* *If possible obtain components that failed. Carefully handle and return to the office.*  |  |
| List all Witnesses | *Name, Company, Phone Number* |

**Describe Sequence of Events leading up to and after Incident**

|  |
| --- |
| *Use additional page if necessary* |

**Identifying Factors**

|  |  |
| --- | --- |
| Human Factors | *List human factors that may have contributed to the incident*  |
| EquipmentFactors | *List equipment used or not used that contributed to the incident* |
| EnvironmentalFactors | *List controllable and uncontrollable environmental factors that contributed to the incident* |
| Other Factors |  |

**Other Parties - Did another party:** Install Yes \_\_\_\_\_ No \_\_\_\_\_

 Inspect Yes \_\_\_\_\_ No \_\_\_\_\_

 Repair Yes \_\_\_\_\_ No \_\_\_\_\_

 Monitor Yes \_\_\_\_\_ No \_\_\_\_\_

(If yes to any of the above, please identify the third party and the work performed):

**Response**

|  |
| --- |
| Sprinkler system: [ ]  Had no water flow alarm[ ]  Was tied into a local alarm only[ ]  Was tied into a central station *Company:*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Was tied into auxiliary alarm service[ ]  Was tied into proprietary alarm service |
| Did flow alarms appear to operate: [ ]  Yes [ ]  No |
| Did Fire Department Respond: [ ]  Yes [ ]  No *If Yes, indicate which station:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Estimated length of water discharge |  |
| Who arranged clean-up |  |
| Clean-up Company  | *Company Name, Address, Phone, Contact Name* |
| Additional Comments |  |

**Background Information**

|  |
| --- |
| Our Company: *Check all that apply*[ ]  Is in the process of installing the sprinkler system[ ]  Is in the process of servicing/repairing/testing the sprinkler system[ ]  Installed the involved sprinkler system Date Installed: \_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Serviced/repaired/inspected the involved sprinkler system |
| Date of last service: |  |
| Service reason: |  |

Report by: Date:

Additional Comments by: Date:

 Date: