**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 |  | AM  Time:  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 |  | | AM  Time:  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* |
| Equipment  Factors | *List equipment used or not used that contributed to the incident* |
| Environmental  Factors | *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: