



**Scarborough Fire Department**  
Scarborough, Maine



Standard Operating Procedures

<b>Book:</b>	<b>Organization</b>
<b>Chapter:</b>	<b>Forms, Records &amp; Reports</b>
<b>Subject:</b>	<b>1590 - Incident Report Form</b>
<b>Revision Date:</b>	<b>3/6/2007</b>
<b>Approved by:</b>	<i>B. Michael Thurlow</i>

Run Number: \_\_\_\_\_

Date: \_\_\_\_\_

**DESCRIPTION OF INCIDENT:**

Who, What, When, Where, How

Be factual – Do not use conjecture - Do not blame - Do not recommend

Be Specific / All incidents are subject to review. Use additional sheets if necessary.

**Who-** \_\_\_\_\_

**When –** \_\_\_\_\_

**Where –** \_\_\_\_\_

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**Person making report:** (print) \_\_\_\_\_ (signature) \_\_\_\_\_

**Officers Signature:** (print) \_\_\_\_\_ (signature) \_\_\_\_\_

*Reviewed by Safety Committee and recommendations forwarded to the Fire Chief:*

Safety team signature: \_\_\_\_\_ Date: \_\_\_\_\_