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**FOR NOTIFICATION OF ANY FIRE OR FIRE RELATED INCIDENT**

(E.g. premises evacuation, alarm activation, building / vehicle fire, obstructed exit routes)

|  |  |
| --- | --- |
| **LOCATION** |  |
| DATE |  | TIME |  | DEPARTMENT |  |
| BUILDING |  | FLOOR AND ROOM  |  |
| **CALL POINT/DETECTOR HEAD\* (delete as approp) LOCATION** |  | **IF DETECTOR HEAD - NUMBER:** |  |
| **INCIDENT DETAILS AND PROBLEMS IDENTIFIED** |
|  |
| **ACTION TAKEN AND FURTHER ACTION REQUIRED** | **DATE ACTION COMPLETED** | **LINE MANAGER PRINT NAME AND SIGN** |
|  |  |  |
|  |  |  |
|  |  |  |
| ***Tick if applicable*** |
|  Alarm Activated |  Fire Brigade Attended |  Extinguisher Discharged |  Building  Evacuated |
| **CONTACT DETAILS (persons involved in incident)** |
| NAME  |  | NAME |  |
| DEPT |  | DEPT |  |
| FORM COMPLETED BY |
| **NAME** |  | EMAIL |  |
| **DEPT** |  | TEL EXT |  |
| **POSITION** |  |  |  |

**Please forward a copy to University Health & Safety Department, Exion 27, fax to 644799 or email to** **healthandsafety@brighton.ac.uk** **(original to be kept by reporting Dept for records)**