



Office of Student Housing

FIRE ALARM REPORT

Form is to be completed immediately following alarm & submitted to Area Director within 8 hours of alarm.

Building: _____ Date of alarm: _____

Time alarm sounded: _____(pm/am) Time alarm ended: _____(pm/am)

Location of alarm (floor/room): _____

Cause of alarm: Scheduled Drill Fire System Malfunction Cooking/Steam

Other (please explain): _____

Did residents evacuate in a timely and orderly manner? Yes No

Comments: _____

Did police or other emergency response staff respond? Yes No

Comments: _____

Were fire extinguishers used? Yes No If yes, floor & location: _____

Additional comments or concerns regarding incident: _____

Staff completing form (please print): _____ Date: _____