



CHARLIE CRIST
GOVERNOR

HOLLY BENSON
SECRETARY

Fire Incident Reporting and Systems Failure

Fire Incident Reporting

All fires shall be reported to the Agency for Health Care Administration, Office of Plans and Construction, 2727 Mahan Drive, Building 1, Suite 145, Tallahassee, Florida 32308, (850) 487-0713, by the next working day after the occurrence.

A "Fire Incident Report, AHCA #3500-0031, May 1998" must be completed and returned to the Office of Plans and Construction within 15 calendar days of the fire event. All reports shall be complete and thorough. This report can be accessed from the Agency's web site at www.ahca.myflorida.com/mchq/plans/. Scroll to "Forms and Reports" and print the "Fire Incident Report" form. A "Fire Incident Report" form can also be obtained by calling the Office of Plans and Construction at (850) 487-0713.

Systems Failure

In the event of a system failure of the fire alarm system, smoke detection system, power systems, or sprinkler system, the following actions shall be taken immediately by the facility:

1. Notify the local fire department and document instructions.
2. Notify the Agency for Health Care Administration through the local Field Office and Office of Plans and Construction.
3. Assess the extent of the condition and effect corrective action, with a documented period. If the corrective action will take more than four (4) hours, the following items shall be completed:
 - Implement a contingency plan to the facility fire plan containing: a description of the problem, a specific description of the system failure, and the projected correction period. All staff on shifts involved shall have documented in-service training for the emergency contingency.
 - Begin a documented fire watch, until the system is restored. Persons used for fire watch must be trained in what to look for, what to do, and be able to expeditiously contact the fire department. To maintain a fire watch, the facility shall utilize only certified public fire safety personnel, a guard service, or facility staff. If facility staff personnel are utilized for this function, they shall meet the following:
 - Be off duty from their regular facility position and be in compliance with current state staffing ratios and personnel policies;
 - Be trained and competent in the duties and responsibilities of a fire watch;
 - Have a provision for priority electronic communication
4. If the projected correction period changes or when the system is restored to normal operation, the facility shall notify the Agency for Health Care Administration and local fire authorities.

2727 Mahan Drive, MS#24
Tallahassee, Florida 32308



Visit AHCA online at
<http://ahca.myflorida.com>



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OFFICE OF PLANS AND CONSTRUCTION

TEL: 850/487-0713

FAX: 850/922-6483

FIRE INCIDENT REPORT

(Complete and return one copy to the Office of Plans and Construction and one copy to the appropriate Agency Field Office within 10 to 15 days of the incident)

Name of Facility: _____

Address of Facility: _____

Date and time of fire or explosion: _____

Location of fire within facility: _____

Name & title of person reported fire to fire department: _____

Alarm/Signal device used: Pull Alarm _____ Detector _____ Phone _____

Was evacuation of facility necessary: Yes _____ No _____ If yes, how many were evacuated: _____

Was smoke compartmentation utilized for evacuation? If so, describe _____

Were there any deaths? Yes _____ No _____

Were there any injuries? Yes _____ No _____ If yes, how many and describe injuries. _____



Type of fire fighting equipment used to extinguish fire:

Water _____ Dry Chemical _____ CO₂ _____ Halon _____ Hose _____
Fire Extinguisher _____ None _____ Other _____

Known or probable cause of fire: _____

Extent of flame, smoke, water or other damage: _____

Estimated amount of dollars loss: \$ _____

What steps have been taken by the facility to prevent reoccurrence? _____

Describe the local fire department participation: _____

Name & Title of Person Making this Report

Signature of Person Making this Report

Date of Report