

New Jersey Department of Community Affairs  
 Division of Fire Safety  
**School Fire Report Form**

Date of Incident: / /	Alarm Time (24 hr): :	Municipality:
Incident Address:		Zip Code:

School Name (indicate name and type of school):			Incident Type (description):			
Cause of Fire:		Item First Ignited:		# of Injuries: Civilian		# of Injuries: Firefighter
Property Value:		Property Loss:		Contents Value:		Contents Loss:
Juvenile(s) Involved:						
YES / NO	Age: Male / Female	Age: Male / Female	Age: Male / Female	Age: Male / Female	Age: Male / Female	Age: Male / Female

Was school evacuated (please circle one):		Was fire department notified (please circle one):	
YES	NO	YES	NO

Fire Department Name:	FDID:	County:
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Fire Official/Contact Person:	Reporting Agency:	Phone Number:	Extension #:
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Narrative/Remarks:
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**DFS Use Only**  
 Rec'd by: \_\_\_\_\_  
 Date Rec'd: \_\_\_\_\_  
 Time Rec'd: \_\_\_\_\_