

**National Association of Fire Equipment Distributors  
Portable/Wheeled Fire Extinguisher Incident Report**

Distributor: \_\_\_\_\_ Location: \_\_\_\_\_

Date of Report: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

<b>Indicate quantity and type of extinguisher(s) used:</b>						
Capacity	ABC Dry Chem	BC Dry Chem	CO <sub>2</sub>	Purple K	Class D	Clean Agent
2-5 lbs.						
6-10 lbs.						
11-15 lbs.						
16-20 lbs.						
21-30 lbs.						
>30 lbs.						

Capacity	Press. Water	K Class	Water Mist	Loaded Stream	AFFF	FFFP
1.5 gallon						
1.8 gallon						
2.5 gallon						
6 liter						
33 gallon						

**Type of Occupancy:**

<input type="checkbox"/> Assembly	<input type="checkbox"/> Mercantile
<input type="checkbox"/> Education	<input type="checkbox"/> Business
<input type="checkbox"/> Daycare	<input type="checkbox"/> Industrial
<input type="checkbox"/> Healthcare	<input type="checkbox"/> Storage
<input type="checkbox"/> Detention/Correction	<input type="checkbox"/> Vehicle
<input type="checkbox"/> Residential	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Lodging	
<input type="checkbox"/> Residential Board & Care	

**Classification(s) of Fire:**

Class A  
 Class B  
 Class C  
 Class D  
 Class K

**Was fire department called?**  
 YES       NO

**If YES, was fire department needed?**  
 YES       NO

**Was fire area sprinklered?**  
 YES       NO

**If YES, did sprinklers operate?**  
 YES       NO

**Did extinguisher(s) extinguish fire?**  
 YES       NO

**If NO, how was fire extinguished?**

Sprinkler System  
 Other Suppression System  
 Fire Department  
 Occupant Use Hose  
 Self-Extinguished  
 Other: \_\_\_\_\_

**If extinguisher failed to extinguish fire, why?**

<input type="checkbox"/> Fire too large	<input type="checkbox"/> Wrong type of extinguisher
<input type="checkbox"/> Operator error	<input type="checkbox"/> Extinguisher malfunction (see below)
<input type="checkbox"/> Operator not trained	<input type="checkbox"/> Unknown
<input type="checkbox"/> Extinguisher not full	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Extinguisher not pressurized	

**Reason for malfunction (if selected above):**

<input type="checkbox"/> No maintenance	<input type="checkbox"/> Valve failed to open
<input type="checkbox"/> Improper recharge	<input type="checkbox"/> Unknown
	<input type="checkbox"/> Other: _____

**Additional Information:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_