



THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY,
NY 12234

Office for Elementary, Middle, Secondary and Continuing Education

New York State Education Department Public School Fire Report Form (Revised 4/10)	
Name of School District:	Building Name:
County:	
Location Where Fire Started:	
Fire Type: (please circle all that apply to this event)	
Arson Construction-Related Electrical Other (please explain)	
How Was Local Fire Department Notified: (please circle all that apply to this event)	
Call to 911 Fire-Pull Station Other (please explain)	
Date of Incident:	Time of Incident:
School District Contact Person:	Contact Person Telephone #
Description of Incident:	
Name of Fire Department Called:	Fire Department Contact Person & Telephone Number:
Actions Taken by School District in Response to Incident:	
Attach Additional Sheets As Needed	

Return Completed Report To:

Fire Safety Coordinator
NYS Education Department
Office of Facilities Planning - Room 1060 EBA
Albany, New York 12234
FAX: 518-486-5918 Email: dclapp@mail.nysed.gov