CCCM CLUSTER
SUPPORTING DISPLACED COMMUNITIES

Fire Incident Report

Governorate:		District:				Sub- District:		Site:			
					District	t:					
Date and Time of Fire:			Sour	Source of Fire:				Type of shelter:			
Did the fire spread to other shelter? If so, why?										·	
Number of People Affected:							Men		Women	Boys	Girls
Number of Fatalities:							Men	Men Women		Boys	Girls
Number of Injuries (per severity):  Minor							Men	Men Women		Boys	Girls
Transer of injuries (per severity).											
M					Moderate				Women	Boys	Girls
				Seriou	Serious – severe		Men		Women	Boys	Girls
				Cuitina	Critical – maximal		Men		Women	Davis	Girls
					Critical – maximal		ivien		women	Boys	GITIS
Condition of						Status of	fland		l		
shelter before					agreemer						
fire						Number shelters partially destroyed					
Number of shelters destroyed											
Number of fire wardens in the site:						Have the wardens received previous fire safety training?			previous		
Number of fire extinguishers distributed:					Was the fire extinguisher use why?		ed? If not,				
Were you able to extinguish the fire? If yes, how?						wnyr					
Action taken:											
Support											
needed:											
Please enclose:											
1. A beneficiary list											

- 2. A list of damaged assets
- 3. Specified unmet needs per sector (resulting from the fire)
- 4. Lessons learned