



**Division of Student Affairs
University Housing
Fire Alarm Activation Report**

THIS FORM SHOULD BE COMPLETED IMMEDIATELY FOLLOWING ALARM ACTIVATION.
SHOULD THIS NOT BE COMPLETED ELECTRONICALLY, COMPLETE THIS FORM USING BLUE OR BLACK INK. ALL INFORMATION IS TO BE PRINTED.

DATE OF INCIDENT

/ /

TIME OF INCIDENT

: PM

PERSON FILING REPORT

DAY OF WEEK

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

BUILDING

- Boggs
- Brown
- Brumby
- Busbee
- Church
- Creswell

- Hill
- Lipscomb
- Mary Lyndon
- McWhorter
- Mell
- Morris

- Myers
- Oglethorpe
- Payne
- Reed
- Rooker
- Russell

- Rutherford
- Soule
- Vandiver
- 1516

ALARM

Local (room only) General (building wide)

DEVICE ACTIVATED

Smoke Detector Pull Station Sprinkler Valve/Flow
 HVAC Detector Other – describe:

LOCATION OF ACTIVATED DEVICE

Floor: 1 Wing: (A,B – East, West, etc.)
Closest to Room:

LOCATION OF PULL STATION (only if pull station was activated device)

Main Corridor Near Stairwell Common Area Elevator Shaft

UGA PD CRN:

Advocate Case Number:

Depending on the cause of activation, work order submitted?
 YES NO

Actual Fire: Yes No

Property Damage: Yes No
If yes, check one, or both student university

Injury: Yes No
If yes, check one, or both student staff

PROVIDE A DESCRIPTION OF THE CAUSE OF ACTIVATION:

INCIDENT SPECIFIC QUESTIONS

Did students and staff evacuate the building in a timely manner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did students and staff move a safe distance away from the building?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did staff members encounter any problems that may need to be examined in the event of another alarm?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

IF YOU CHECKED "NO" FOR EITHER OF THE FIRST TWO QUESTIONS OR "YES" FOR THE THIRD QUESTION LISTED ABOVE, PLEASE EXPLAIN IN THE SPACE BELOW.

SAVE THIS FORMS AS "FIRE ACTIVATION REPORT-[HALL NAME]-DATE

INITIAL FORM SHOULD BE SUBMITTED TO THE AREA COORDINATOR

ELECTRONIC COPIES SHOULD BE SUBMITTED TO THE SECURITY COORDINATOR, DIRECTOR OF RPS AND EITHER THE ASSOCIATE DIRECTOR FOR RES. LIFE OR THE ASSOCIATE DIRECTOR FOR SDSC (DEPENDING ON LOCATION OF ALARM)