**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)

**LOCATION OF ACTIVATED DEVICE**  
Floor: 1  
Wing:  
(A,B – East, West, etc.)

**LOCATION OF PULL STATION** (only if pull station was activated device)  
☐ Main Corridor  
☐ Near Stairwell  
☐ Common Area  
☐ Elevator Shaft

**DEVICE ACTIVATED**  
☐ Smoke Detector  
☐ Pull Station  
☐ Sprinkler Valve/Flow  
☐ HVAC Detector  
☐ Other – describe:

**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

**INCIDENT SPECIFIC QUESTIONS**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did students and staff evacuate the building in a timely manner?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did students and staff move a safe distance away from the building?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did staff members encounter any problems that may need to be examined in</td>
<td></td>
<td></td>
</tr>
<tr>
<td>the event of another alarm?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**COLLECTED INFORMATION**  

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)

REVISED: December 2016