



Lake Louise Fire Department  
Incident Report

File Number

Fire Operation's Report

<i>Incident Commander</i>				Incident Date	Incident Day
Time Of Page	On Scene	Loss Stop	Clear Scene	AIQ	Clear Hall

*Incident Information*

Occupant Name	Address
Contact #	
Building Owner	Address
Company	
Contact #	

*Fire Fighting Equipment*

Trucks	64 Pump <input type="checkbox"/>	64 Engine <input type="checkbox"/>	MA Trucks:
Water Supply	Hydrant: Location and Truck		
	Hydrant: Location and Truck		
	Drafting Location:		
	Porta-Tank	Other	
	Water	Foam	Both
Hoses (#)	38mm	65mm	100mm

*Other Equipment*

Extinguishers	ProPak	Curtains
Truck Monitor	Ground Monitor	Chimney Kit
Other		
Other		

*Interior Attack (Crews, Entry Point, Times)*


*Interior Rescue of Occupants (locations)*

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*Exterior Attack*

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Print Name	Signature
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Officer Narrative:

Print Name		Signature		Date
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