



BRITISH COLUMBIA



INITIAL PHONE REPORT

DATE OF CALL YYYY - MM - DD		TIME OF CALL : <input type="checkbox"/> A.M. : <input type="checkbox"/> P.M.		NAME OF PERSON TAKING REPORT	
CALLER'S PHONE NO.		CALLER CALLING FROM (TOWN / COMMUNITY)		LONGITUDE	LATITUDE
CALLER'S NAME				ABLE TO REMAIN ON PHONE NEXT 20 MINUTES? <input type="checkbox"/> YES <input type="checkbox"/> NO	
GEOGRAPHIC LOCATION OF FIRE					
FUEL: WHAT IS THE FIRE BURNING? (GRASS, BUSH, TREES, STRUCTURES)					
FIRE SIZE (SIZE OF CAMPFIRE, HOUSE, FOOTBALL FIELD)			HOW IS FIRE SPREADING? <input type="checkbox"/> FAST <input type="checkbox"/> SLOW <input type="checkbox"/> UNKNOWN		
SMOKE: WHAT COLOUR IS THE SMOKE ? <input type="checkbox"/> WHITE <input type="checkbox"/> GREY <input type="checkbox"/> BLACK <input type="checkbox"/> BROWN <input type="checkbox"/> BLUE <input type="checkbox"/> UNKNOWN					
IS ANYONE FIGHTING THE FIRE? (IF SO, DESCRIBE)					
ANY VALUES THREATENED? (LIVES, BUILDINGS, STRUCTURES, POWER, CAMPING AREA)					
GENERAL COMMENTS AND FIRE ACCESS DETAILS					
FIRE CENTRE			FIRE CENTRE PHONE NO.		FIRE CENTRE FAX NO.
PASSED ON TO <input type="checkbox"/> 1-800 CENTRE <input type="checkbox"/> FIRE CENTRE			BY <input type="checkbox"/> PHONE <input type="checkbox"/> FAX		