

## NATIONAL STATISTICAL FIRE REPORT FORM

Fire Name \_\_\_\_\_ Time Fire Started \_\_\_\_\_  
 Date Fire Started \_\_\_\_\_ Date and Time Fire Contained \_\_\_\_\_

**INFORMATION SUPPLIED BY:**

Full Name \_\_\_\_\_ E-mail address \_\_\_\_\_  
 Contact Tel Number \_\_\_\_\_ Cell number \_\_\_\_\_

**ORIGIN OF FIRE:**

Cross National Border  YES  NO Please mark with an **X**

If YES - Country of origin \_\_\_\_\_

Local  YES  NO Please mark with an **X**

Local municipality	FPA	Registered farm / Property name	Registered farm /Property nr

**GPS CO-ORDINATES - position of origin of fire: OPTIONAL**

Latitude \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ " SOUTH

Longitude \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ " EAST

**CAUSE OF FIRE:**

Successful prescribed burn:  YES  NO Please mark with an **X**

If **NO** (prescribed burn) complete the following: Please mark with an **X**

**Cause of Uncontrolled Fire:**

<b>MECHANICAL</b>	TRAIN	CHAIN SAW	POWER LINE	POWER TOOL	WELDING	BLASTING	HEAVY EQUIPMENT	FIRE ARMS
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<b>ACCIDENTAL OR ALLEGED NEGLIGENCE</b>	CONTRACTOR	COOKING	WARMING	HONEY HUNTERS	CHILDREN	PICNICKER	VEHICLE ACCIDENT	NEIGHBOURS
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<b>OWN PRESCRIBED BURNING</b>	FIRE BREAKS	BRUSH WOOD	CROP RESIDUE	REFUSE DUMP	SUGAR CANE	VELD/ GRAZING	FLARE-UP	BLOCK BURN	TRACE BURNING
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<b>NATURAL CAUSE</b>	LIGHTNING	STATIC	ELECTRICITY	FALLING ROCKS	OTHER
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<b>Accuracy of Ignition</b>	Definite	<input type="checkbox"/>	Probable	<input type="checkbox"/>	UNKNOWN	<input type="checkbox"/>	ALLEGED ARSON	<input type="checkbox"/>
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**WEATHER AT START OF FIRE: (IF AVAILABLE)**

**FDI** Please mark with an **X**:

BLUE	GREEN	YELLOW	ORANGE	RED

<b>Temperature Degrees Celsius</b>	<b>°C</b>
<b>Relative Humidity %</b>	<b>%</b>

**WIND**

Wind Speed  Km/h

**Wind Direction**  N  NE  E  SE  S  SW  W  NW

**SUPPRESSION COST :**

Manpower -----	R
Transport-----	R
Aircraft-----	R
Other-----	R
<b>Total Cost</b>	<b>R</b>

**OFFICIAL USE :**

Type of resources lost as a result of the fire

Where there any human casualties or loss of life? 

YES	NO
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 Please mark with an X

If YES - amount \_\_\_\_\_

**NATURAL VEGETATION**

IF APPLICABLE

Description	HA Burnt	Estimated Value

**AGRICULTURE/FORESTRY**

IF APPLICABLE

Description	HA Burnt	HA Lost	Estimated Value

**STRUCTURES**

Description	QTY	Estimated Value

**LIVESTOCK**

Description	QTY	Estimated Value

**TOOLS/EQUIPMENT**

Description	QTY	Estimated Value

**FIRE REPORTED TO:**

SA POLICE SERVICES	YES	NO
STATION		
REF. NR DATE		