LIQUEFIED PETROLEUM GAS
FIRE/ACCIDENT REPORT

DATE OF
FIRE/ACCIDENT_____

TIME OF
FIRE/ACCIDENT_____

NAME AND ADDRESS OF DEALER_____

_____PHONE_____

DATE NOTIFIED OF
FIRE/ACCIDENT_____

NAME OF PERSON MAKING REPORT _____PHONE:_____

DATE REPORT FILED _____

WEATHER CONDITION AT TIME OF
FIRE/ACCIDENT_____

TYPE OF FIRE/ACCIDENT_____
(fire, explosion, other)

ACCIDENT SUBJECT:

OWNER OR OCCUPANT OF PROPERTY _____

MAILING ADDRESS_____

GEOGRAPHIC LOCATION_____

INJURIES AND/OR FATALITIES

1._____
NAME AND ADDRESS
2._____
NAME AND ADDRESS
3._____
NAME AND ADDRESS

PROPERTY DAMAGED:

DESCRIBE EXTENT OF DAMAGE_____

NUMBER OF PEOPLE LIVING IN
DWELLING_____

NUMBER OF PEOPLE OCCUPYING DWELLING DURING
FIRE/ACCIDENT_____

DAMAGED PROPERTY INSURANCE CARRIER_____
HAS CAUSE OF FIRE/ACCIDENT OR DAMAGE BEEN
DETERMINED_____
If so, by whom_____

HAS ARSON BEEN RULED OUT?_____

WHERE DID DAMAGE BEGIN/OCCUR _____

WHAT FIRE DEPARTMENT(s) RESPONDED TO SCENE OF FIRE/ACCIDENT
_____

WHAT SOURCES OF HEATING WERE IN
DWELLING?_____

TYPE OF STRUCTURE _____ APPROX. AGE OF
STRUCTURE_____
(wood, brick, etc.) (years)

RESIDENCE _____ COMMERCIAL _____ PLACE OF PUBLIC ASSEMBLY_____
0THER _____ IF
OTHER,DESCRIBE_____

CONTAINER AND SYSTEM INFORMATION

MANUFACTURER OF TANK _____ SERIAL NO._____

SIZE_____YEAR _____ABOVEGROUND_____ UNDERGROUND _____

LP-GAS SYSTEM HAS BEEN IN USE BY THIS CUSTOMER_____
weeks, months, or years
LOCATION OF TANK IN RELATION TO DWELLING_____
WHO INSTALLED THE LP-GAS TANK? _____ DATE _____;

PIPING? _____ DATE _____;
APPLIANCES? _____ DATE _____

TANK LAST FILLED BY _____
(attach delivery tickets)
NUMBER OF GALLONS PUT IN TANK _____ DATE _____
NUMBER OF GALLONS PRESENTLY IN TANK _____ DATE _____
HAS ANY SERVICE WORK EVER BEEN PERFORMED ON THE SYSTEM?
YES____ NO____ (If yes, attach information such as work orders, gas checks, odor verifications, etc.)

DESCRIBE LP-GAS SYSTEM: (***Piping plan, location of outlets, pipe type, condition, size, connectors, valves, etc.)***

_____

_____

REGULATORS_____

_____

APPLIANCES CONNECTED (kind, number, etc.)

_____

_____
VENTS (kind, number, etc.)

_____

_____

OTHER INFORMATION CONCERNING LP-GAS SYSTEM

WHERE ARE TANK AND REGULATORS NOW?_____

_____

_____

WAS LP-GAS ODORIZATION DETECTED BY SMELL? YES ____ NO _____
BY WHOM _____DATE_____

PROBABLE CAUSE OF FIRE OR REMARKS: ***(Witness names, addresses & statements, Fire Dept. reports, Police reports, newspaper article, etc.)***

_____

BASED ON FACTS AND EVIDENCE AVAILABLE, WHAT ARE YOUR FINDINGS AND OPINION CONCERNING THIS FIRE/ACCIDENT?_____

SKETCH OF SCENE