

**UNIVERSITY OF TENNESSEE KNOXVILLE
FIRE REPORT FORM**

Location:	Date:	Time of Fire:				
Reported By:						
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; padding: 5px;">Notified:</td> <td style="width: 33%; padding: 5px;">U.T. Police Department ____ Yes ____ No</td> <td style="width: 33%; padding: 5px;">Knoxville Fire Department ____ Yes ____ No</td> </tr> </table>			Notified:	U.T. Police Department ____ Yes ____ No	Knoxville Fire Department ____ Yes ____ No	
Notified:	U.T. Police Department ____ Yes ____ No	Knoxville Fire Department ____ Yes ____ No				
Description of Fire:						
Portable Fire Extinguisher Used: _____ Yes ____ No						
Location of used Extinguisher:						
Extinguisher Identification Number:						
Please sign and submit to the address below:						
UT Environmental Health & Safety 916, 22 nd . Street Knoxville, TN 37996-3503 Fax: (865) 974-0094	<table style="width: 100%; border: none;"> <tr> <td style="border-top: 1px solid black; width: 100%;"></td> <td style="padding: 5px;">Signature</td> </tr> <tr> <td style="border-top: 1px solid black; width: 100%;"></td> <td style="padding: 5px;">Date</td> </tr> </table>			Signature		Date
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