



FIRE PROTECTION BUREAU – LICENSING SECTION

PO Box 42642

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E-Mail: FIREWORKS@WSP.WA.GOV



FIREWORKS FIRE REPORT

Reporting Agency

Agency Name, Phone, Name of Person Completing This Report, Title, E-Mail Address

Incident Information

NFIRS ID:

Location of Incident, City, County, Incident Date, Time (24 Hour), Gender, Age, If under age 18, was an adult present when the fire occurred?

Fire Incident Details

Type of Fire Response, Fire Cause, Estimated Dollar Loss

Device Information Confirmed Suspected Please select the involved device(s) from the categories below.

STATE LEGAL, FEDERALLY LEGAL, EXPLOSIVE categories with checkboxes for various firework types.

Comments

SUBMIT COMPLETED REPORT ELECTRONICALLY, BY FAX, OR BY MAIL TO THE E-MAIL, FAX NUMBER, OR ADDRESS LISTED ABOVE.