ECUFPA STATISTICAL FIRE REPORT FORM

Fire Name					Time Fire Started							
Date Fire Started				Date	Date and Time Fire Contained							
INFORMATION SUPPLIED BY: Full Name Contact Tel Number					E-mail address Cell number							
OR	IGIN OF	FIRE:										
	Local mur	nicipality	FI	PA	Regi	stered fa	rm / Prope	erty nam	ie F	Registere	ed farm /Proper nr	ty
GPS CO	-ORDINA	TES - posit	tion of orig	in of fir	e: OPT	IONAL						
Latitude	e	o	1	<u>"</u> SOL	πн							
Longitu	de	0	•	" EAS	Т							
CAUSE (Wildfire: Controlle	OF FIRE: ed Burn:											
		e complete	_	g: Plea	ase marl	k with an	X					
MECHAI		rolled Fire: CHAIN SAW	N POWER	POWER TOOL	WEL	DING B	LASTING	HEAV EQUIPM		FIRE C	OTHER	
	IDENTAL O D NEGLIGE		ACTOR COOK	ING W	ARMING	HONEY HUNTERS	CHILDREN			VEHICLE ACCIDEN		OTHE
	PRESCRIB BURNING	FIRE BREA		CROP RESIDUI	REFU E DUN			'ELD/ AZING	FLARE- UP	BLO0 BUR		OTHE
NATUR	AL CAUSE	LIGHTNIN	G STATI	IC EL	ECTRICIT	Y FALLI	NG ROCKS	OTHE	R			
Accura	acy of Ign	ition Defi	nite P	robable		L	INKNOWN		ALLEGE	D ARSO	N	
WEATH	ER AT ST	ART OF FIR	RE: (IF AVA	<u> </u>	1)							_
	ise mark v		l	T								
BLUE	GREEN	YELLOW	ORANGE	RED		_	e Degree		us		°C	
					Kei	acive Hu	midity %	•			%	
WIND												
Wind S	peed	K	(m/h	Wind D	irection	n N	NE E	SE S	sw	w Nw		

WILDFIRE: SUPPRESSION COST:			ROLLED BU				
Manpower	R		wer				
Transport	R		ort		_		
Aircraft			t				
Other	-						
Total Cost	R	Total Cost		R			
***If no specific, please estin	nate						
RESOURCE DAMAGE: Type of resources lost as a	result of the fire or ar	ea burnt or a	s controlled	l burn			
Type of resources lost us t	. result or the me or th	ou built of a					
NATURAL VEGETATION				PLICABLE			
Description	HA Bur	rnt	Estima	ted Value			
AGRICULTURE/FORESTR					IF APPLICABLE		
Description	HA Bur	nt	HA	Lost	Estimated Value		
STRUCTURES							
Description	QTY		Estima	ted Value			
•							
LIVESTOCK							
Description	QTY		Fstima	ted Value			
Description	Ų.,		ESCITIC	red value			
TOOLS/EQUIPMENT			Estimat	od			
Descrip	tion	QTY	Value				
			110	<u>_</u>			
Where there any human le		YES	NO	Please mark wi	th an X		
If YES, please complete b	elow:	<u> </u>					
Cause of	death or Injury		Number of p	eople			
					_		

FIRE REPORTED TO:

SA POLICE SERVICES	YES	NO
STATION		
REF. NR DATE		