

FIRE INCIDENTS REPORT

To IWMA Poststrasse 33 (im HBC) 20354 Hamburg Germany	Sender Company: _____ Contact Person: _____ Address: _____ _____
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Customer: _____ Zip code / city: _____
 (customer would **not** like to be named)

SECTOR / USE		OBJECT (if applicable)
<input type="checkbox"/> automotive / supplier	<input type="checkbox"/> plastics industry	<input type="checkbox"/> archive, library
<input type="checkbox"/> offices	<input type="checkbox"/> food industry	<input type="checkbox"/> printing / wood press machine
<input type="checkbox"/> chemical industry	<input type="checkbox"/> logistics	<input type="checkbox"/> IT system
<input type="checkbox"/> print industry	<input type="checkbox"/> metalworking industry	<input type="checkbox"/> paint-spray line
<input type="checkbox"/> IT-services	<input type="checkbox"/> museums	<input type="checkbox"/> storage area
<input type="checkbox"/> electronic industry	<input type="checkbox"/> paper manufacture	<input type="checkbox"/> car park
<input type="checkbox"/> power supply	<input type="checkbox"/> recycling / refuse incineration	<input type="checkbox"/> sales area
<input type="checkbox"/> restaurants / hotels	<input type="checkbox"/> schools	<input type="checkbox"/> rolling device
<input type="checkbox"/> trade	<input type="checkbox"/> care homes / old people's homes	<input type="checkbox"/> machine / tool
<input type="checkbox"/> woodworking industry	<input type="checkbox"/> places of public assembly	<input type="checkbox"/> transformer
<input type="checkbox"/> hospitals / health care	<input type="checkbox"/> domestic / residential	
Other:		Other:

volume protection object protection / ceiling height: _____ metre / storage height: _____ metre

Type of fixed firefighting system (FFS):	Further details:
<input type="checkbox"/> water mist, open nozzles	Year of construction of FFS:
<input type="checkbox"/> water mist, automatic nozzles	Date and time of day of fire/incident:
	Number of activated nozzles (open or automatic):
	Pump capacity: _____ l/min or no. of cylinders _____
	System connected to fire brigade <input type="checkbox"/> yes <input type="checkbox"/> no
	During working hours: <input type="checkbox"/> yes <input type="checkbox"/> no
	System has successfully extinguished: <input type="checkbox"/> yes <input type="checkbox"/> no
	System activation: <input type="checkbox"/> automatically <input type="checkbox"/> manually

Cause of fire (if known):

Further details worth mentioning (if known):

Date

Signature / Stamp

The International Water Mist Association would like to thank you for your support!

International Water Mist Association / Internationaler Wasser-Nebel Verband e.V. Poststrasse 33 in 20354 Hamburg (HBC) Tax no. 17 / 434 / 06830 Registergericht: Amtsgericht HH VR 22036	Tel: +49 (0) 174 3013878 Fax: +49 (0) 35085-80 Internet: www.iwma.net E-Mail: info@iwma.net	Deutsche Bank account no. 1127513 Bank code: 81070024 Adolphplatz 7 in 20457 Hamburg IBAN: DE 40 8107 002 401 127 513 00 BIC/SWIFT DEU TDE DBM AG
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