Office of the State Fire Marshal
Division of Fire Prevention
School Fire Report Form

School Safety Drill Act (105 ILCS 128/35)

Name and Address of School: (please print except when signing the signature line.)

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_____

Date of Incident: _____ **Time of Incident**: _____**Was Fire Dept. notified**? _____

Specific Location of Incident:

_____

_____

Briefly Describe What Happened:

_____

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_____

Name: _____**Title**: _____

Date: _____**Signature**: _____

This form may be submitted electronically or mailed to: Office of the State Fire Marshal, Division of Fire Prevention, 1035 Stevenson Drive, Springfield, IL 62703.

SUBMIT