

# Report of Fire

28/07/2008

## 1. Brigade Information

(1.1) Brigade incident number

(1.2) Station ground

(1.3) Brigade and Home Office call number

Spread

## 2. Incident Information

<p>(2.1) Address of fire</p> <p>GRAND PIER LTD MARINE PARADE WESTON S MARE</p>	<p>(2.11) Was this a late fire call? <input type="text" value="No"/></p>
<p>(2.2) Postcode <input type="text"/> <input type="text"/> Grid reference <input type="text"/> <input type="text"/></p>	<p>(2.12) Discovery and call</p> <p>a) Discovered by <input type="text" value="Person"/></p> <p>b) Method of call by <input type="text" value="Person"/></p>
<p>(2.3) Risk Category</p> <p><input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><b>A B C D RR Special</b></p>	<p>(2.13) Was there an automatic fire alarm system in area affected by fire? <input type="text" value="Yes"/></p>
<p>(2.4) Occupier</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p>	<p>(2.14) Alarm activation method <input type="text" value="Not Known"/></p>
<p><b>Times</b></p> <p>(2.5a) Ignition to Discovery <input type="text" value="&gt;2hrs"/></p> <p>(2.5b) Discovery to first call <input type="text" value="&lt;5mins"/></p>	<p>(2.15) Powered by <input type="text" value="Mains &amp; Battery"/></p>
<p>(2.6) First call <input type="text" value="06:45"/> <input type="text" value="28/07/2008"/></p> <p>(2.7) Mobilising time <input type="text" value="06:46"/> <input type="text" value="28/07/2008"/></p> <p>(2.8) Arrival of brigade <input type="text" value="06:51"/> <input type="text" value="28/07/2008"/></p> <p>(2.9) Under control <input type="text" value="10:28"/> <input type="text" value="28/07/2008"/></p> <p>(2.10) Last appliance returned <input type="text" value="14:14"/> <input type="text" value="31/07/2008"/></p>	<p>(2.16) Did it operate? <input type="text" value="Yes and raised alarm"/></p>
	<p>(2.17) Reason for not operating/not raising alarm</p> <p><input type="text"/></p>
	<p>Other details</p> <p><input type="text"/></p>
	<p>(2.18) Other details of automatic fire alarm</p> <p><input type="text"/></p>

### 3. Location of fire

(3.1a) Type of property where fire started

113	Amusement arcades

(3.1b) If mobile property, give location

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(3.2) Residential accomodation affected by fire?

No
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(3.3) Main trade or business carried on where fire started

98	Other service activities not elsewhere classified

(3.4) Multiseated fire

No
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Fires in Buildings and ships

Yes
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(3.5) Occupancy of building where fire started

Single

(3.6) Place where fire started

Not Known
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(3.7) Use of Room

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Use of room - other details

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(3.8) Floor, deck of origin

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If other, specify below

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(3.9) Total number of floors in building where fire started

1
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### Fires starting in motor vehicles

No

(3.10) Make/Model

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Model - other details

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(3.11) Fuel of vehicle

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(3.12) Turbo/supercharged

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(3.13) Registration Number

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(3.14) Year of manufacture

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(3.15) Part of vehicle where fire started

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Other details

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(3.16) Was engine running?  
(Immediately before fire)

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(3.17) Other information available e.g. VIN, chassis No. etc

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#### 4. Extinction Of Fire

<b>Fixed firefighting/venting systems</b> <input type="checkbox"/> Yes			
	<b>Type 1</b>	<b>Type 2</b>	<b>Type 3</b>
(4.1) Type of system	Venting		
(4.2) Manual or autotomatic	Automatic		
(4.3) Did it operate	No		
(4.4) Number of heads actuated	<input type="text"/>	<input type="text"/>	<input type="text"/>
(4.5) Reasons for not operating/containing /controlling fire			
<b>Type 1</b>			
<input type="text"/> 9	Other		
<b>Type 2</b>			
<input type="text"/>			
<b>Type 3</b>			
<input type="text"/>			
Other details of fixed fire fighting systems			

  

<b>Method of fighting the fire</b>	
(4.6) Before arrival of brigade	
<input type="text"/> 11	None - no fire-fighting (not to be used for either 'Method 2')
<input type="text"/>	
(4.7) By brigade up to stop	
<input type="text"/> 55	Main branch/Jet (J) - inc high pressure, Water fan spray, MFG5A
<input type="text"/> 64	Monitors (MON) - ground or aerial (if using foam, code to 61-63)
(4.8) Number of main jets used	
<input type="text"/> 4	
(4.9) Number of local authority appliances attending up to time of stop	
<b>Pumping</b>	<b>Other</b>
<input type="text"/> 10	<input type="text"/> 6

**5. Supposed cause, damage and other fire details**

(5.1a) Most likely cause

(5.1b) Caused by

**Additional Details**

(c) Defect, act, or omission giving rise to ignition

Unknown

(5.2) Source of Ignition

a) Appliance/installation and other sources

Not known (stated) - 'doubtful'

b) Powered by

Fuel unknown or unspecified - Inc where fuel is unknown as appliance is unknown

c) If source is appliance , make and model

(5.3) Material or item ignited first

a) Description

Not known

b) Composition

Not known - doubtful (stated)

(5.4) Material or item mainly responsible for development of fire

a) Description

Not known

b) Composition

Not known - doubtful (stated)

(5.5) Dangerous substances affecting firefighting

Dangerous Substances

a) Material

a) Circumstances

b) Material

b) Circumstances

c) Main effects of substances on firefighting

1

2

(5.6) Explosion

a)  Yes - occurred during fire

b) Materials involved in explosion

1  14

2

c) Containers involved in explosion

1  5

2

(5.7) Abnormal rapid fire development

3

**Additional Details**

**(5.8) Damage Caused to:**

- i.)Item ignited first
- ii.)Room, cabin, compartment etc of origin (buildings, ships and vehicles only)
- iii.)Elsewhere on floor, deck, other compartments of origin (buildings, ships and vehicles only)
- iv.)Elsewhere in/on property of origin
- v.)Outdoors beyond property, beyond building, ship, plant, vehicle, etc
  - a.)Percentage of item/room etc damaged
  - b.)Severity

Damage caused by	to i)		to ii)		to iii)		to iv)		to v)
	a%	b	a%	b	a%	b	a%	b	
Fire	100	S	100	S	95	S			
Heat									
Smoke									
Other									
<b>Total</b>	100		100		95				
<b>% of Structure Damaged</b>		%		%		%		%	Other buildings:
Number of additional:									Other vehicles:
damaged					rooms	Floors			
total					cabins etc				
					20		Other locations:		

**(5.9) Estimate of horizontal area damaged**

a) Area damaged by direct burning(sq m)

a)Other

b)Total area damaged by fire,heat,smoke etc

b)Other

**(5.10) Animals killed**

	Species	Number
1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>

## 6. Life Risk

Involvement of persons

(6.1) Number of non-fatal casualties

(6.4) Approximate number of persons at discovery of fire in room, cabin, compartment etc. of origin

(6.2) Number of fatal casualties

(6.5) Approximate number of persons at discovery of fire in other parts of building, vehicle etc.

(6.3) Number of rescues only

(6.6) Approximate number who left the affected property

## 6.7 Fatalities, Other Casualties and Rescues

### 7. More detailed description of fire/further information (if applicable)

NO EVIDENCE WAS FOUND TO INDICATE THAT THE ROOF VENTILATION SYSTEM, WHICH WAS LINKED TO THE FIRE ALARM SYSTEM, OPERATED.

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(7.1) Further investigation to be carried out

No

Yes b

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Fire Brigade

Police

Others

Fire of special interest

(7.2) Further information to follow

Special study boxes

7.3

7.4

7.5

7.6

7.7

Home office use only: Total Loss