

# Botetourt County Fire and Security Alarm Report Form

This form is intended for use by the OIC (Officer in Charge) of any fire or security alarm incident. The intent of this form is to assist in enforcement of *Chapter 11, Article III of Botetourt County Code, "Fire and Security Alarms"*. One form should be completed for each, separate incident whereby Fire or Sheriff personnel are dispatched to the scene of an alarm. This form needs to be returned to the County within 3 business days of response to an alarm. Completed forms can be sent via hand delivery to Department of Fire-EMS (Public Safety Building, Fincastle), faxed to 473-8288 or email fireems@botetourtva.gov.

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**Please complete the following:**

**Alarm Type -**       *Fire*                       *Security*  
**Property Type -**     *Residence*               *Commercial (sales)*               *Industrial (manufacturing)*  
**Protected premises-**  
(Name: \_\_\_\_\_)  
(Street address: \_\_\_\_\_)  
(City: \_\_\_\_\_) (Zip: \_\_\_\_\_)  
(Phone No. if available: \_\_\_\_\_)

**Date of Alarm Occurrence (mm/dd/yy)** \_\_\_\_/\_\_\_\_/\_\_\_\_      **Time:** \_\_\_\_\_

**Units responding (list)** \_\_\_\_\_

**Weather Conditions** \_\_\_\_\_

*Per County Code, a false alarm is any alarm which is negligently or accidentally activated, the result of faulty, malfunctioning or improperly installed or maintained equipment, or which is purposely activated to summon the sheriff's department or fire and rescue service in non-emergency situations. An alarm for which the actual cause is not determined is also considered to be false. **Alarms that can definitively be attributed to environmental factors such as storms are not considered to be false for these purposes.** Final determination of whether or not an alarm is false rests with the alarm oversight panel, which will review each report which is categorized by the OIC as being "false".*

**Per listed criteria, do you feel that the incident listed above was a false alarm?**       YES       NO

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
Signature of the OIC completing this form      Date      Phone number

***Please use the back of this sheet to write additional comments***

Incident notes (key holder availability, problems encountered, etc).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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