

**LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS
LIQUEFIED PETROLEUM GAS COMMISSION**

FIRE REPORT

DATE OF FIRE	TIME OF FIRE	DATE DEALER NOTIFIED OF FIRE
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CUSTOMER _____

ADDRESS <small>Street/P.O. Box/Rural Rte.</small>	City/State	ZIP	PARISH
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NAME OF DEALER	DEALER NO.
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ADDRESS _____

NAME & TITLE OF PERSON MAKING REPORT	OFFICE PHONE NO.
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MANUFACTURER OF TANK	SERIAL NO.	SIZE
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YEAR MANUFACTURED	GALLONS OF GAS PRESENTLY IN TANK	Aboveground Tank <input type="checkbox"/>	Underground Tank <input type="checkbox"/>
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TANK EXPOSED TO FIRE <small>Yes <input type="checkbox"/> No <input type="checkbox"/></small>	REGULATOR MANUFACTURER	MODEL #
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SYSTEM HAS BEEN IN USE BY THIS CUSTOMER (WK, MTH, YRS)	REGULATOR WAS: COVERED UNDER DOME <input type="checkbox"/> EXPOSED <input type="checkbox"/>
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TYPE OF STRUCTURE:	APPROX. AGE OF STRUCTURE 1-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11-15 <input type="checkbox"/> 15-20 <input type="checkbox"/> OVER 20 <input type="checkbox"/>
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CENTRAL HEAT <input type="checkbox"/>	SPACE HEATER <input type="checkbox"/>	RESIDENCE <input type="checkbox"/>	PLACE OF PUBLIC ASSEMBLY <input type="checkbox"/>	URBAN <input type="checkbox"/>	RURAL <input type="checkbox"/>
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LIST BELOW PERSONS INJURED AND EXTENT OF INJURIES:	MARK ONLY IF NO INJURIES INVOLVED <input type="checkbox"/>
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1. _____ -

2. _____ -

3. _____ -

EXTENT OF PROPERTY DAMAGE: _____

SHUT-OFF VALVES LOCATED AT THE OUTSIDE OF BUILDING AND AT EACH APPLIANCE: Yes <input type="checkbox"/> No <input type="checkbox"/>	WEATHER CONDITION:
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DATE TANK LAST SERVICED WITH GAS:	NUMBER OF GALLONS DELIVERED:
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DISTANCE OF TANK FROM BUILDING: _____

PIPING: TYPE OF MATERIAL	SIZE
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NO. OF OUTLETS IN USE	NO OF OUTLETS CAPPED NOT IN USE
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PROBABLE CAUSE OF FIRE OR REMARKS: _____

IF AVAILABLE ATTACH ANY FIRE DEPT. REPORTS OR NEWSPAPER ARTICLES ON THE FIRE.

DATE SIGNED _____

SIGNATURE OF PERSON MAKING REPORT _____

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