Baltimore County Fire Department
Fire Alarm Activation Tracking
PRIMARY COMPANY ONLY (One Form Per Incident)

Incident Number : _____ Unit: _____ Date: ____/____/_____
Time:_____

❑   (1) Check here if cancelled prior to arrival

❑   (2) Check here if nothing found (malfunction or accidental)

❑   (3) Check here if a minor incident (smoke, pot of food etc)

❑   (4) Check here if you upgraded the call to a fire box

If you checked #4, explain:
_____

_____
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_____

_____
_____

SIGN:
_____

- - - - - - - - - - - - - - - - - - DO NOT SEPARATE -

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