



SOLID WASTE MANAGEMENT FACILITY
FIRE OCCURRENCE NOTIFICATION
NCDEQ Division of Waste Management
Solid Waste Section

Notify the Section verbally within 24 hours and submit written notification within 15 days of the occurrence.
(If additional space is needed, use back of this form.)

NAME OF FACILITY: _____ PERMIT # _____

DATE AND TIME OF FIRE: _____ @ _____

HOW WAS THE FIRE REPORTED AND BY WHOM:
[Empty box]

LIST ACTIONS TAKEN:
[Empty box]

WHAT WAS THE CAUSE OF THE FIRE:
[Empty box]

DESCRIBE AREA, TYPE, AND AMOUNT OF WASTE INVOLVED:
[Empty box]

WHAT COULD HAVE BEEN DONE TO PREVENT THIS FIRE:
[Empty box]

DESCRIBE PLAN OF ACTIONS TO PREVENT FUTURE INCIDENTS:
[Empty box]

NAME: _____ TITLE: _____ DATE: _____

THIS SECTION TO BE COMPLETED BY SOLID WASTE SECTION REGIONAL STAFF
DATE RECEIVED _____
List any factors not listed that might have contributed to the fire or that might prevent occurrence of future fires:

FOLLOW-UP REQUIRED:
[] NO [] PHONE CALL [] SUBMITTAL [] MEETING [] RETURN VISIT BY: _____ (DATE)

ACTIONS TAKEN OR REQUIRED:
[Empty box]