



**Form B7 – Fire / burns**

MSCB Reference

CD11/12 xxxx

Type of fire / burns:	<input type="checkbox"/> Fire
	<input type="checkbox"/> Electrical
	<input type="checkbox"/> Chemical
	<input type="checkbox"/> Hot Liquid
	<input type="checkbox"/> Not known
	<input type="checkbox"/> Other (please specify)
<b>If fire:</b>	
Location of fire:	<input type="checkbox"/> Residential accommodation, please specify
	<input type="checkbox"/> Main trade or business, please specify
	<input type="checkbox"/> Mobile, specify
	<input type="checkbox"/> Other, specify
	<input type="checkbox"/> Not known
Was a fire / smoke alarm present?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
	<input type="checkbox"/> Not known
Was a fire / smoke alarm functional?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
	<input type="checkbox"/> Not known