



# K A N S A S

## DEPARTMENT OF HEALTH AND ENVIRONMENT

**Transfer Station Fire Report** Initial notification to KDHE-BWM must be made within 1 business day after the fire; this written report form is required within 7 days after the fire.

Facility name: \_\_\_\_\_ Permit number: \_\_\_\_\_

Date and time of detection: \_\_\_\_\_

Initial report to KDHE (indicate date and who was notified): \_\_\_\_\_

Duration of fire (indicate if ongoing): \_\_\_\_\_

Estimated volume (yd<sup>3</sup>) and type of waste burned: \_\_\_\_\_

Has all burned waste been cleaned up? \_\_\_\_\_

Firefighting method(s) used: \_\_\_\_\_

List any outside agency(ies) that assisted in firefighting: \_\_\_\_\_

Ignition source: \_\_\_\_\_

Was the transfer station building damaged? \_\_\_\_\_

If yes, will the building need to close for repairs? \_\_\_\_\_ If yes, for how long? \_\_\_\_\_

Follow-up actions, including preventive measures if applicable: \_\_\_\_\_

Name (print) \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_