



K A N S A S

DEPARTMENT OF HEALTH AND ENVIRONMENT

Solid Waste Facility Fire Report Written report required within 7 days after the fire

Facility name: _____

Permit number: _____

Date and time of detection: _____

Initial notification of KDHE, include both date and who was notified (initial report required within 1 business day after the fire):

Duration of fire (indicate if ongoing): _____

Estimated volume (yd³) and type of waste burned: _____

Firefighting methods used:

Outside agency(ies) that assisted in firefighting:

Ignition source: _____

Follow up actions, including preventative measures if applicable:

Name (Print)

Signature

Date