



Form B4 - Fire / burns

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