

FIRESAFETY
REPORTING FIRES IN BUILDINGS AND MOTOR VEHICLES

1. GENERAL

1.01 This section outlines the procedures for reporting fires on company premises and fires involving company-owned motor equipment. This section replaces AT&T Section 770-300-300.

1.02 Whenever this section is reissued, the reason(s) for reissue will be given in this paragraph.

1.03 All fires, regardless of how minor, shall be reported. These reports are studied and analyzed to determine the cause of fires and to review prevention methods from both design and operational standpoints. All fires must be reported if maximum benefit is to be derived from this program.

2. DEFINITION OF A FIRE

2.01 A fire is defined as any occurrence that produces heat or flame and smoke in telephone company property or leased space that affects service, endangers the inhabitants, and/or causes property or equipment damage.

3. REPORTING PROCEDURE

3.01 It shall be the responsibility of the person directly involved in the fire and his supervisor to promptly notify the state firesafety coordinator, through the appropriate lines of organization by telephone or telegraph, giving the probable cause of the fire and an estimate of the property loss.

3.02 It shall be the responsibility of the state firesafety coordinator to immediately notify the general headquarters firesafety coordinator (Staff Manager-Building Operations and Maintenance) and one of the following appropriate persons, by telephone or telegram, giving the probable cause of the fire and an estimate of the property loss.

Arkansas: Gen. Mgr.-Compt.
Kansas: Gen. Mgr.-Compt. & Sup. Svcs.
Missouri: Asst. Vice Pres.-Centralized Svcs.
Oklahoma: Gen. Mgr.-Staff & Oper. Svcs.
Texas: Asst. Vice Pres.-Sup. Svcs.

3.03 In all significant fires, the general headquarters firesafety coordinator will contact the Assistant Vice President-Support Services.

3.04 The Assistant Vice President-Support Services shall notify higher levels of management as appropriate, and in all cases if the fire is likely to be reported by the news media.

3.05 Boiler explosions are covered in Section 010-200-901SW.

4. FORM E-5000-B AND FORM E-5000-ME

4.01 Fires occurring in buildings are to be reported on Form E-5000-B, Building Fire Report. Fires involving motorized equipment are to be reported on Form E-5000-ME, Fire Report - Motor Equipment.

NOTICE

Not for use or disclosure outside the
Southwestern Bell Telephone Company
except under written agreement.

4.02 It shall be the responsibility of the person directly involved in the fire and his supervisor to promptly prepare the appropriate E-5000-B or E-5000-ME form and forward through the appropriate lines of organization to the state firesafety coordinator.

4.03 The state firesafety coordinator involved shall follow up the initial report by preparing four copies of Form E-5000-B or E-5000-ME. The state firesafety coordinator shall forward three copies to the Assistant Vice President-Support Services - Texas, or Division Staff Manager-Support Services - Arkansas, Kansas, Oklahoma or Division Staff Manager-Real Estate and Administrative Services - Missouri as appropriate and retain a file copy.

4.04 The Assistant Vice President-Support Services - Texas, or Division Staff Manager-Support Services - Arkansas, Kansas, Oklahoma or Division Staff Manager-Real Estate and Administrative Services - Missouri shall send two copies to the Division Staff Manager-Real Estate Management and Architecture at General Headquarters and retain a file copy.

PREPARATION OF FORM E-5000-B

4.05 Most of this form is self-explanatory. However, a brief explanation of certain items is given in the following paragraphs. A sample of a completed form is shown in Exhibit 1.

(a) Item 6--Type of Building Construction:

Nearly all telephone buildings fall into one of the categories listed. For example, a reinforced concrete building and a steel frame building with masonry walls, floors, and roof would both be considered fire resistant. Exposed wood or bar joists would be considered unprotected or combustible.

(b) Item 10--Detection System in Area of Fire:

If detection is installed in the room or area of the fire origin, it should be so noted. The distance of the detector head closest to the fire source should be measured vertically and horizontally. If the fire was detected by a detector head which was not the head closest to the fire source, the distance to this detector should be provided and a special note made of this condition. The name of the detection system manufacturer should be provided. If the system consists of components by different manufacturers, each should be listed with the associated component pieces. The system type (high or low voltage) should also be listed with the manufacturer of the system information. The type of detection, i.e., smoke, flame, heat, etc, should be provided. If the detector is a smoke detector, photoelectric or ionization should be entered in parentheses next to the generic type.

(c) Item 19--Estimated Telephone

Company Losses:

This item should include damage or loss of property, material, or equipment owned by the telephone company. If losses are none or negligible, enter "none." Reports may be updated if later information indicates losses are significantly different than the original estimate. Mark such reports "Updated Report" in red, in the upper right corner of Page 1.

(d) Item 22--Narrative and Sketch:

Narrative need not be lengthy but should include pertinent details that were not covered by formal questions. The sketch may be one line or freehand but should be clear and legible. A sketch is not mandatory but should be used when it will clarify the narrative.

4.06 For a fire reported on Form E-5000-B, an investigating committee should be formed to collect evidence and analyze the information available. This committee shall include a representative from the department(s) occupying the quarters involved in the fire, the Firesafety Director, and a building operations representative.

PREPARATION OF FORM E-5000-ME

4.07 Most of this form is self-explanatory.

However, a brief explanation of certain items is given in the following paragraphs. A sample of a completed form is shown in Exhibit 2.

(a) Item 3--Vehicle Number:

Enter the number assigned to the vehicle by the local telephone company.

(b) Item 4--Make:

Enter the manufacturer of the vehicle.

(c) Item 5--Year:

Enter the model year of the vehicle.

(d) Item 6--Model:

Enter the model designation of the manufacturer.

(e) Item 7--Body Type:

Enter the description of the vehicle, i.e., van, sedan, station wagon, etc.

(f) Item 12--Where Fire Originated:

Enter the location in the vehicle where the fire occurred.



E-5000-B
(3-84)

Building Fire Report

Retain 6 years, until _____

In The Event Of Any Fire On Any Premises Occupied By The Telephone Company, Prepare This Form In Accordance With SW-770-300-900.

1. Area Within Company (Municipality/Building/Land Code) Metro-ZZ0000		2. Address 1234 Anystreet	
3. City Hometown		County Madison	State Missouri
4. Ownership <input checked="" type="checkbox"/> Owned <input type="checkbox"/> Leased			
5. Building Type (Clearance Group Given In Parentheses)			
<input checked="" type="checkbox"/> Over 100,000 Sq. Ft. (A) <ul style="list-style-type: none"> <input type="checkbox"/> Under 100,000 Sq. Ft. (Not CDO, Repeater, Radio) <ul style="list-style-type: none"> <input type="checkbox"/> Over 75% C.O. Equipment (B) <input type="checkbox"/> 10% To 75% C.O. Equipment (C) <input type="checkbox"/> Under 10% C.O. Equipment, Under 50% Garage And Storage (D) <input type="checkbox"/> Under 10% C.O. Equipment, Over 50% Garage And Storage (E) <input type="checkbox"/> Community Dial Office (CDO) (F) <input type="checkbox"/> Repeater, Radio Site, Etc. (G) 			
6. Type Of Building Construction (As Related To Fire Resistance)			
<input checked="" type="checkbox"/> Fire Resistant <ul style="list-style-type: none"> <input type="checkbox"/> Structural Steel _____ <input type="checkbox"/> Protected Noncombustible <input checked="" type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Unprotected Or Combustible 			
7. Occupancy By Personnel (Check One)			
<input checked="" type="checkbox"/> Attended At All Time (24 Hours/Day, 7 Days/Week) <input type="checkbox"/> Partially Attended After Hours (Operators, Craft Personnel, Or Guards Making Rounds) <input type="checkbox"/> Not Regularly Attended At Any Time (Repeater Huts, CDOs, Small Offices, Offices Under 2000 Sq. Ft.) <input type="checkbox"/> Attended Only During Business Hours, From _____ To _____ (Unoccupied Nights And Weekends Except Briefly By Cleaning Forces)			
8. Date Of Fire 3/16/84	Estimated Time Of Start <input checked="" type="checkbox"/> AM 12:00 <input type="checkbox"/> PM	Time Discovered <input checked="" type="checkbox"/> AM 12:03 <input type="checkbox"/> PM	Time Extinguished <input checked="" type="checkbox"/> AM 12:15 <input type="checkbox"/> PM
9. Occupancy At Probable Time Of Start Of Fire (Check All That Apply)			
<input type="checkbox"/> People In Same Room As Fire <input type="checkbox"/> People On A Different Floor Of Building <input checked="" type="checkbox"/> People In Adjacent Room Or Area <input type="checkbox"/> No One In Building <input type="checkbox"/> People On Same Floor Of Building			
10. Detection System In Area Of Fire?			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Distance From Source Of Fire To Nearest Detector _____ 3 _____ Feet Vertically, _____ 5 _____ Feet Horizontally Manufacturer Of Detection System Type Of Detection In Area Of Fire Pyrotronics (Smoke, Flame, Heat) Smoke (Photoelectric)			

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EXHIBIT 1 (cont'd)

11. Type Of Area In Which Fire Started (Specify) (Telephone Equipment, Power, Administrative Office, MDF, Other) Telephone Equipment													
12. Location In Building (Basement, 4th Floor, Outside, Other) 2nd Floor													
13. Fire First Detected By (Check One) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Telephone Company Employee</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Equipment Malfunction Alarm</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Contractor Working For Company</td> <td style="border: none;"><input type="checkbox"/> Outsider (Neighbor, Passerby, Police, Other)</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Smoke Or Heat Detector Alarm</td> <td style="border: none;"></td> </tr> </table>		<input type="checkbox"/> Telephone Company Employee	<input type="checkbox"/> Equipment Malfunction Alarm	<input type="checkbox"/> Contractor Working For Company	<input type="checkbox"/> Outsider (Neighbor, Passerby, Police, Other)	<input checked="" type="checkbox"/> Smoke Or Heat Detector Alarm							
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14. Fire Department Notified? <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Yes</td> <td style="width: 50%; border: none;"><input checked="" type="checkbox"/> No</td> </tr> <tr> <td style="border: none;"> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Time Called</td> <td style="width: 50%; border: none;"> <input type="checkbox"/> AM <input type="checkbox"/> PM </td> </tr> </table> </td> <td style="border: none;"> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Time Of Arrival</td> <td style="width: 50%; border: none;"> <input type="checkbox"/> AM <input type="checkbox"/> PM </td> </tr> </table> </td> </tr> </table>		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Time Called</td> <td style="width: 50%; border: none;"> <input type="checkbox"/> AM <input type="checkbox"/> PM </td> </tr> </table>	Time Called	<input type="checkbox"/> AM <input type="checkbox"/> PM	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Time Of Arrival</td> <td style="width: 50%; border: none;"> <input type="checkbox"/> AM <input type="checkbox"/> PM </td> </tr> </table>	Time Of Arrival	<input type="checkbox"/> AM <input type="checkbox"/> PM				
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Time Called	<input type="checkbox"/> AM <input type="checkbox"/> PM												
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15. Fire Primarily Extinguished By (Check One) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Self-Extinguished</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Fire Department</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Telephone Company Employees</td> <td style="border: none;"><input type="checkbox"/> Automatic Suppression System</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Other (Contractor, Passerby, Etc.) (Specify)</td> <td style="border: none;"></td> </tr> </table>		<input type="checkbox"/> Self-Extinguished	<input type="checkbox"/> Fire Department	<input checked="" type="checkbox"/> Telephone Company Employees	<input type="checkbox"/> Automatic Suppression System	<input type="checkbox"/> Other (Contractor, Passerby, Etc.) (Specify)							
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<input checked="" type="checkbox"/> Telephone Company Employees	<input type="checkbox"/> Automatic Suppression System												
<input type="checkbox"/> Other (Contractor, Passerby, Etc.) (Specify)													
16. Equipment Used (Check All That Apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <input type="checkbox"/> Informal Methods/Water From Sink, Blow Or Stamp Out, Turn Off Electricity, Etc.) </td> <td style="width: 50%; border: none;"> <input checked="" type="checkbox"/> Portable Extinguisher </td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> First Aid Standpipe And Hose</td> <td style="border: none;"> <input type="checkbox"/> Water </td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Fire Department Hose</td> <td style="border: none;"> <input type="checkbox"/> CO₂ </td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"> <input checked="" type="checkbox"/> Halon </td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"> <input type="checkbox"/> Dry Chemical </td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"> <input type="checkbox"/> Other </td> </tr> </table>		<input type="checkbox"/> Informal Methods/Water From Sink, Blow Or Stamp Out, Turn Off Electricity, Etc.)	<input checked="" type="checkbox"/> Portable Extinguisher	<input type="checkbox"/> First Aid Standpipe And Hose	<input type="checkbox"/> Water	<input type="checkbox"/> Fire Department Hose	<input type="checkbox"/> CO ₂		<input checked="" type="checkbox"/> Halon		<input type="checkbox"/> Dry Chemical		<input type="checkbox"/> Other
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	<input type="checkbox"/> Other												
17. Material Ignited (Specify) (Flammable Liquid, Wood, Thermal Insulation, Electrical Insulation, Equipment Circuit Board, Other) Electrical insulation													
18. Probable Source Of Heat (Specify) (Match, Cigarette, Electrical Short Circuit, Welding Or Cutting, Overloaded Equipment Components, Propane Torch, Other) Electrical short circuit													
19. Estimated Telephone Company Losses: <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">• Building And Building Equipment (Telephone Company Losses Only— Do Not Include Loss To Landlord If Leased)</td> <td style="width: 20%; text-align: right;">\$ 0</td> </tr> <tr> <td>• Telephone Equipment</td> <td style="text-align: right;">\$ 400</td> </tr> <tr> <td>• Other Building Contents</td> <td style="text-align: right;">\$ 0</td> </tr> <tr> <td>• Clean-Up And Repair</td> <td style="text-align: right;">\$ 1200</td> </tr> <tr> <td style="text-align: right;">Total</td> <td style="text-align: right;">\$ 1600</td> </tr> </table>		• Building And Building Equipment (Telephone Company Losses Only— Do Not Include Loss To Landlord If Leased)	\$ 0	• Telephone Equipment	\$ 400	• Other Building Contents	\$ 0	• Clean-Up And Repair	\$ 1200	Total	\$ 1600		
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• Telephone Equipment	\$ 400												
• Other Building Contents	\$ 0												
• Clean-Up And Repair	\$ 1200												
Total	\$ 1600												
20. Was A Personal Injury Or Death Report Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
21. Was A Report Of Abnormal Service Conditions Made? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No													
22. Narrative And Sketch On a separate sheet, provide a narrative to emphasize those aspects of the fire that appear important but are not sufficiently covered by the above questions (such as speculations about the cause, extent of the fire when detected, quotes from eyewitnesses, unsuccessful attempts at extinguishing, and the like). Where applicable, sketch and label a plan of the room or area where the fire occurred. Identify and locate equipment, furniture, and other pertinent details with respect to the fire. Include on the sketch the point of origin and the extent of fire spread, if any. For a fire originating in telephone equipment, prepare a vertical sketch of the bay or frame, identifying equipment involved in the fire by J- or KS- specification and ED or SD code if available.													
Person Making This Report: George Johnson	Can Be Reached At: (314) 247-XXXX												

EXHIBIT 1 (cont'd)

22. Narrative and sketch:

At about 12:00 a.m. on March 16, 1984, a craftsman responded to a fire alarm on the second floor. He checked the fire alarm panel for the zone of alarm and proceeded to zone 2-1 where he identified the detector under alarm. Flames were located on a cable rack near the detector. The flames were extinguished with a halon extinguisher. After the fire was extinguished, the cables were separated to expose the source and additional extinguishing agent applied.

Evidence indicates that a power cable arced to a metal cable rack horn buried in a pileup of mixed power and switchboard cable at the intersection of two cable racks. The heat generated from the arc ignited the insulation of other cables.

There was no loss of service resulting from this fire.

EXHIBIT 1 (cont'd)

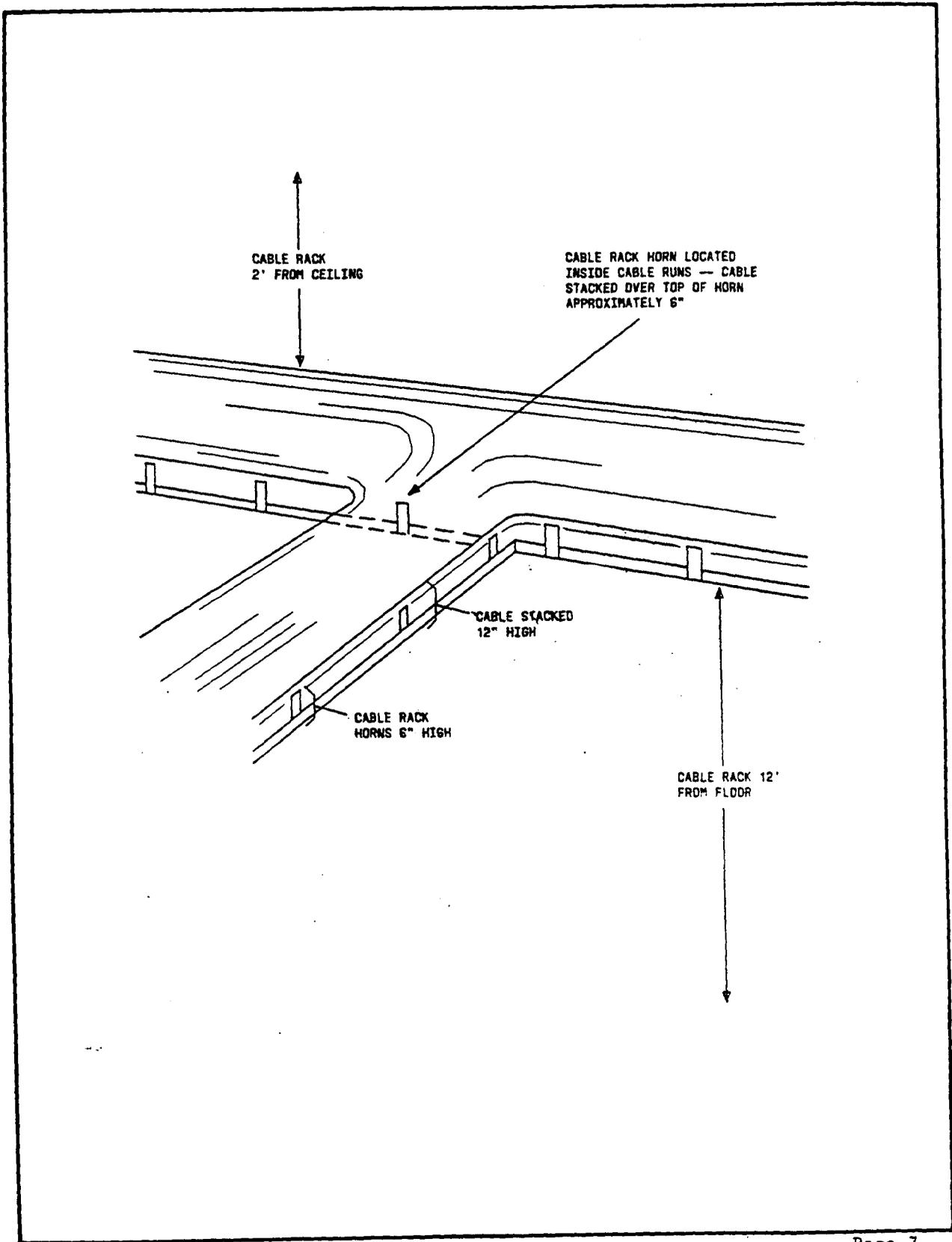


EXHIBIT 2 (cont'd)

22. Give a narrative of fire (quote eyewitnesses, if possible):

The driver, Bill Jakes, stopped the vehicle when he saw smoke coming from the engine compartment. He opened the hood and found the engine compartment on fire. He closed the hood and summoned the fire department. The fire department arrived within 5 minutes and extinguished the fire with two portable (dry chemical) fire extinguishers. The vehicle was towed to the Hometown Garage by General Towing Service.

Upon examining the vehicle, I found all electrical wiring in the forward part of the vehicle burned out, instrument panel gauges melted, windows broken, exterior paint burned, and numerous engine components destroyed.