

PROVINCE OF BRITISH COLUMBIA  
Ministry of Justice  
Emergency Management BC / Office of the Fire Commissioner

## FIRE REPORT - STRUCTURE

INCIDENT NUMBER: **RBN 2014 10 09 08 01**

Location of Incident:

**22975 HWY 16**  
**REGIONAL DISTRICT OF BULKLEY-NECHAKO BC V0J 1E0**

# of Occupants (At time of fire): **3**      # of Injured: **3**      # of Deaths: **0**      Total Dollar Loss Estimate: **\$0**

Related to Wildland Interface Fire: **NO**      Property Value: **\$0**      Content Value: **\$0**      Total Value at Risk: **\$0**

**Code Name :      Code Description**

PROPERTY COMPLEX : 6900 INDUSTRIAL MANUFACTURING  
PROPERTY CLASSIFICATION : 6210 SAWMILL, PLANING MILL, WOOD PRODUCTS MILL - INCLUDES THE MAN  
GENERAL CONSTRUCTION : 4000 NON-COMBUSTIBLE CONSTRUCTION - EXPOSED STEEL  
BUILDING HEIGHT : 0030 3 STORIES ABOVE GRADE  
GROUND FLOOR AREA : 2000 101 TO 500M2 (1077 - 5382FT2)  
YEAR OF CONSTRUCTION : 2009 2009  
MANUAL FIRE PROTECTION : 2000 EXTINGUISHERS & STANDPIPE SYSTEM  
OUTSIDE FIRE PROTECTION : 5000 PRIVATE HYDRANT PROTECTION & FIRE DEPARTMENT  
SPRINKLER PROTECTION : 1000 COMPLETE SPRINKLER PROTECTION - SUPERVISED (ON-SITE OR OFF-S  
AUTOMATIC FIRE ALARM SYSTE : 2000 FIRE ALARM SYSTEM - LOCAL (BUILDING ONLY)  
SMOKE ALARM OPERATION : 0000 ALARM OPERATION CANNOT BE DETERMINED  
INITIAL DETECTION : 3000 HEAT ALARM DEVICE  
TRANSMISSION OF ALARM : 1000 911  
FIRE SERVICE : 2000 VOLUNTEER/PAID-ON-CALL FIRE DEPARTMENT ONLY  
INCIDENT : 1000 FIRE - FIRE DEPARTMENT ATTENDED  
ACTION TAKEN : 4000 EXTINGUISHED BY AUTOMATIC SYSTEM  
METHOD OF FIRE CONTROL : 6700 DELUGE SYSTEM - INCLUDES CENTRAL STATION SUPERVISED OR WATCH  
FIRE ORIGIN, LEVEL : 3000 GROUND FLOOR, GRADE LEVEL OR GRADE TO 3M (10FT)  
FIRE ORIGIN, AREA : 6200 HEATING EQUIPMENT ROOM - INCLUDES FURNACE ROOM, WATER HEATER  
EXTENT OF FIRE : 1000 CONFINED TO OBJECT OF ORIGIN  
EXTENT OF DAMAGE : 1000 CONFINED TO OBJECT OF ORIGIN  
IGNITING OBJECT : 7800 HOT ASHES, EMBERS - NOT ASSOCIATED WITH SMOKER'S MATERIAL  
FUEL OR ENERGY : 0009 FUEL OR ENERGY - UNCLASSIFIED (DESCRIBE)  
FORM OF HEAT : 0000 CANNOT BE DETERMINED  
MATERIAL FIRST IGNITED : 0000 CANNOT BE DETERMINED

Investigating Officer  
MCBRIDE, JIM

LAFC Badge #  
827

Telephone      ReportDate  
250-692-7587      2014-10-21

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FIRE REPORT - **STRUCTURE**  
(PRODUCT/EQUIPMENT)  
INCIDENT NUMBER: **RBN 2014 10 09 08 01**

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LOG #	: 171032		
ITEM TYPE	: DRYER, GAS		
ITEM DESCRIPTION	:		
MAKE	: MEC	CERT. AGENCY1	:
MODEL	:	CERT. AGENCY2	:
YEAR	: 2010	CERT. AGENCY3	:
LICENSE NO.	:	CERT. AGENCY4	:
SERIAL NO.	: 1484.5	CERT. AGENCY5	:
MAKE	: MEC		

COMMENTS :

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FIRE REPORT - **STRUCTURE** (NARRATIVE)

INCIDENT NUMBER: **RBN 2014 10 09 08 01**

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**Remarks:**

THIS PEICE OF EQUIPTMENT IS USED TO DRY THE RAW MATERIAL USED IN THE MANUFACTURE OF WOOD PELLETS. ACCORDING TO A COMPANY SPOKESMAN, THIS DRYER WAS SHUT DOWN AT 0430 HRS IN ORDER TO ALLOW THE INTERIOR TO COOL DOWN SUFFICIENTLY TO ALLOW WORKMEN INTO IT TO CHIP AWAY THE MATERIAL THAT MELTED INTO THE INTERIOR. PRIOR TO THE WORK FORCE OF THREE CONTRACTORS ENTERING THIS EQUIPMENT THEY INTRODUCED AN ELECTRICAL FAN WHICH WAS TO FORCE COOLER AIR INTO THE INTERIOR. MOMENTS AFTER THE INTRODUCTIONOF AIR INTO THIS DRYER, THERE WAS A VIOLENT EXPLOSION THAT KNOCKED ALL 3 EMPLOYEES OFF THE PLATFORM THAT ALLOWED ENTRY INTO THIS END OF THE DRYER. \*(REPORT NOTES OTHER COMMENTS - NOT ATTACHED TO REPORT THAT WAS SENT IN) -FARRAH

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FIRE REPORT - **STRUCTURE** (NAMES)INCIDENT NUMBER: **RBN 2014 10 09 08 01**

Name no. : 1  
Name : **s.22**  
Address :

Name Status : BUSINESS OCCUPANT  
Phone : 250-562-5562 

Claims Adjuster Name :  
Claims Adjuster Firm :  
Claim Number :  
Insurance Company :  
Policy Number :

## LOSS ESTIMATES:

Property Loss : \$0

Content Loss : \$0

Total Loss : \$0

REMARKS:

Name no. : 2  
Name : **s.22**  
Address :

Name Status : OCCUPANT  
Phone :

Claims Adjuster Name :  
Claims Adjuster Firm :  
Claim Number :  
Insurance Company :  
Policy Number :

## LOSS ESTIMATES:

Property Loss : \$0

Content Loss : \$0

Total Loss : \$0

REMARKS:

Investigating Officer : LAFB Badge #  
MCBRIDE, JIM : 827

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FIRE REPORT - **STRUCTURE** (NAMES)INCIDENT NUMBER: **RBN 2014 10 09 08 01**

Name no. : 3  
Name : **s.22**  
Address :

Name Status : OCCUPANT  
Phone :

Claims Adjuster Name :  
Claims Adjuster Firm :  
Claim Number :  
Insurance Company :  
Policy Number :

## LOSS ESTIMATES:

Property Loss : \$0

Content Loss : \$0

Total Loss : \$0

REMARKS:

Name no. : 4  
Name : **s.22**  
Address :

Name Status : OCCUPANT  
Phone :

Claims Adjuster Name :  
Claims Adjuster Firm :  
Claim Number :  
Insurance Company :  
Policy Number :

## LOSS ESTIMATES:

Property Loss : \$0

Content Loss : \$0

Total Loss : \$0

REMARKS:

Investigating Officer : LAFB Badge #  
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FIRE REPORT - **STRUCTURE** (CASUALTY)

INCIDENT NUMBER: **RBN 2014 10 09 08 01**

CASUALTY NO : 1  
NAME **s.22**  
ADDRESS

AGE :  
GENDER : M  
STATUS : CIVILIAN  
DATE OF DEATH :

**Code Name : Code Description**

NATURE OF CASUALTY : 002 - LIGHT INJURY (HOSP. 1-2 DAYS AND/OR OFF WORK 1-15 DAYS)  
CONDITION OF CASUALTY : 014 - AWAKE OR NO PHYSICAL OR MENTAL IMPAIRMENT AT TIME OF FI  
ACTION OF CASUALTY : 020 - ACTION OF CASUALTY UNKNOWN  
IGNITION OF CLOTHING : 039 - UNCLASSIFIED  
TYPE OF FABRIC IGNITED : 049 - UNCLASSIFIED  
CAUSE OF FAILURE TO ESCAPE : 056 - EXPLOSION  
CAUSE OF INJURY/DEATH : 101 - BURNS RESULTING FROM FIRE AND FLAMES

CASUALTY NO : 2  
NAME **s.22**  
ADDRESS :

AGE :  
GENDER : M  
STATUS : CIVILIAN  
DATE OF DEATH :

**Code Name : Code Description**

NATURE OF CASUALTY : 004 - SERIOUS INJURY (HOSP. 3+ DAYS AND/OR OFF WORK 15+ DAYS)  
CONDITION OF CASUALTY : 014 - AWAKE OR NO PHYSICAL OR MENTAL IMPAIRMENT AT TIME OF FI  
ACTION OF CASUALTY : 020 - ACTION OF CASUALTY UNKNOWN  
IGNITION OF CLOTHING : 039 - UNCLASSIFIED  
TYPE OF FABRIC IGNITED : 049 - UNCLASSIFIED  
CAUSE OF FAILURE TO ESCAPE : 056 - EXPLOSION  
CAUSE OF INJURY/DEATH : 101 - BURNS RESULTING FROM FIRE AND FLAMES

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FIRE REPORT - **STRUCTURE** (CASUALTY)

INCIDENT NUMBER: **RBN 2014 10 09 08 01**

CASUALTY NO : 3  
NAME : **s.22**  
ADDRESS :

AGE :  
GENDER : M  
STATUS : CIVILIAN  
DATE OF DEATH :

**Code Name : Code Description**

NATURE OF CASUALTY : 002 - LIGHT INJURY (HOSP. 1-2 DAYS AND/OR OFF WORK 1-15 DAYS)  
CONDITION OF CASUALTY : 014 - AWAKE OR NO PHYSICAL OR MENTAL IMPAIRMENT AT TIME OF FI  
ACTION OF CASUALTY : 020 - ACTION OF CASUALTY UNKNOWN  
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