

# New Castle Fire Department

229 N Main Street  
New Castle, IN 47362

Facility Name: \_\_\_\_\_

Facility Number: \_\_\_\_\_  
(To be Provide by Fire Dept.)

Diagrams, Maps: \_\_\_\_\_

\*\*\*\*\* **Contact Information** \*\*\*\*\*

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Manager: \_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Emergency Phone (1): (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Emergency Phone (2): (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

2<sup>nd</sup> Contact: \_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Emergency Phone (1): (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Emergency Phone (2): (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

3<sup>rd</sup> Contact: \_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Emergency Phone (1): (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Emergency Phone (2): (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Alarm Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Notes: \_\_\_\_\_

\*\*\*\*\* **Occupancy** \*\*\*\*\*

Business: \_\_\_\_ Industry: \_\_\_\_ Notes: \_\_\_\_\_

Single Family: \_\_\_\_ Multi Family: \_\_\_\_ # Apartments: \_\_\_\_

Number of Persons:

Adults: \_\_\_\_\_ Children: \_\_\_\_\_ Elderly: \_\_\_\_\_

Special Needs Persons: \_\_\_\_\_ Notes: \_\_\_\_\_

Special Needs Locations: \_\_\_\_\_

Employee/Resident Assembly Location: \_\_\_\_\_

Evacuation Location (1): \_\_\_\_\_

Evacuation Location (2): \_\_\_\_\_

Transportation Needs: \_\_\_\_\_

Notes: \_\_\_\_\_

\*\*\*\*\* **Structure Information** \*\*\*\*\*

Construction Class: \_\_\_\_\_ Roof Type: \_\_\_\_\_

Number of Stories: \_\_\_\_\_ Roof Covering: \_\_\_\_\_

Length, Width, Height: \_\_\_\_\_ Building Classification: \_\_\_\_\_

Structure Notes: \_\_\_\_\_

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\*\*\*\*\* **Fire Access Information** \*\*\*\*\*

Main Access: \_\_\_\_\_  
Secondary Access: \_\_\_\_\_  
Roof Access: \_\_\_\_\_  
Attic Access: \_\_\_\_\_  
Basement: \_\_\_\_\_  
Lowest Access: \_\_\_\_\_  
Lock Box: \_\_\_\_\_  
Alarm Panel: \_\_\_\_\_  
Annunciator Panel: \_\_\_\_\_  
Notes: \_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\* **Response Information** \*\*\*\*\*

Primary Staging: \_\_\_\_\_  
Secondary Staging: \_\_\_\_\_

\*\*\*\*\* **Water Supply Information**\*\*\*\*\*

**Hydrant-1** \_\_\_\_\_

Volume (GPM) \_\_\_\_\_ Main Size: \_\_\_\_\_ Status: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_

**Hydrant-2** \_\_\_\_\_

Volume (GPM) \_\_\_\_\_ Main Size: \_\_\_\_\_ Status: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_

**Hydrant-3** \_\_\_\_\_

Volume (GPM) \_\_\_\_\_ Main Size: \_\_\_\_\_ Status: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_

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**Alt Supply-1:** \_\_\_\_\_

Volume (GPM) \_\_\_\_\_ Main Size: \_\_\_\_\_ Status: \_\_\_\_\_

Notes: \_\_\_\_\_

**Alt Supply-2** \_\_\_\_\_

Volume (GPM) \_\_\_\_\_ Main Size: \_\_\_\_\_ Status: \_\_\_\_\_

Notes: \_\_\_\_\_

\*\*\*\*\* **Protection Information** \*\*\*\*\*

	Yes/No	Special Notes
Sprinklers:	_____	_____
Spare Heads:	_____	_____
FD Connection:	_____	_____
Stand Pipe:	_____	_____
Gas Shutoff:	_____	_____
Electrical Shutoff:	_____	_____
Water Shutoff:	_____	_____
Notes:	_____	

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\*\*\*\*\* **HAZMAT** \*\*\*\*\*

Chemical Name: \_\_\_\_\_

Location: \_\_\_\_\_

Quantity: \_\_\_\_\_ Gallons/Pounds

Flammable: \_\_\_\_\_ Toxic: \_\_\_\_\_ Corrosive: \_\_\_\_\_ Oxidizer: \_\_\_\_\_

UN #: \_\_\_\_\_ Guide # \_\_\_\_\_

NFPA 704: Fire \_\_ Health \_\_ Reactivity \_\_ Special \_\_\_\_\_

Chemical Name: \_\_\_\_\_

Location: \_\_\_\_\_

Quantity: \_\_\_\_\_ Gallons/Pounds

Flammable: \_\_\_\_\_ Toxic: \_\_\_\_\_ Corrosive: \_\_\_\_\_ Oxidizer: \_\_\_\_\_

UN #: \_\_\_\_\_ Guide # \_\_\_\_\_

NFPA 704: Fire \_\_ Health \_\_ Reactivity \_\_ Special \_\_\_\_\_

Chemical Name: \_\_\_\_\_

Location: \_\_\_\_\_

Quantity: \_\_\_\_\_ Gallons/Pounds

Flammable: \_\_\_\_\_ Toxic: \_\_\_\_\_ Corrosive: \_\_\_\_\_ Oxidizer: \_\_\_\_\_

UN #: \_\_\_\_\_ Guide # \_\_\_\_\_

NFPA 704: Fire \_\_ Health \_\_ Reactivity \_\_ Special \_\_\_\_\_

Chemical Name: \_\_\_\_\_

Location: \_\_\_\_\_

Quantity: \_\_\_\_\_ Gallons/Pounds

Flammable: \_\_\_\_\_ Toxic: \_\_\_\_\_ Corrosive: \_\_\_\_\_ Oxidizer: \_\_\_\_\_

UN #: \_\_\_\_\_ Guide # \_\_\_\_\_

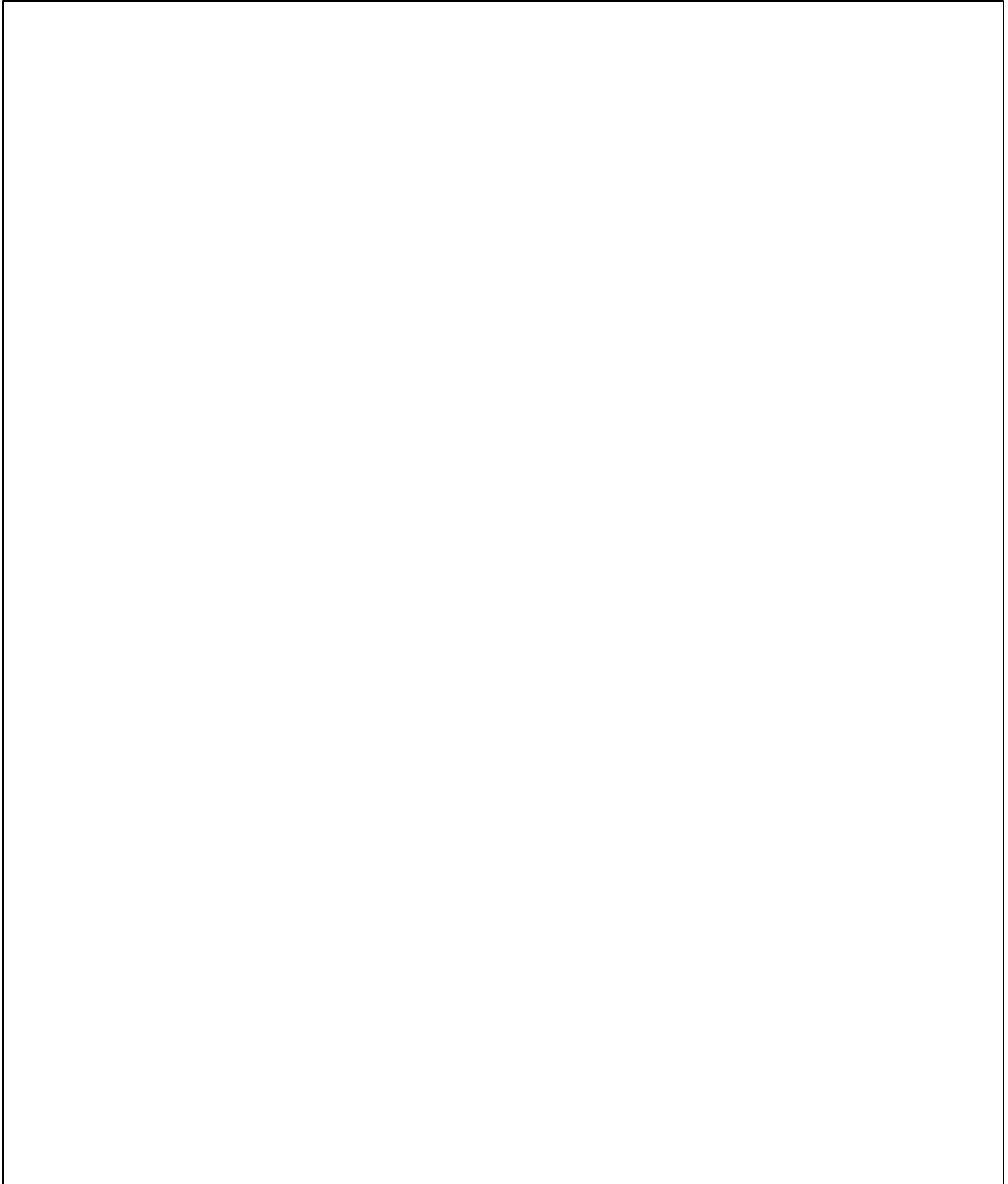
NFPA 704: Fire \_\_ Health \_\_ Reactivity \_\_ Special \_\_\_\_\_

*Copy this sheet and attach as many as necessary*

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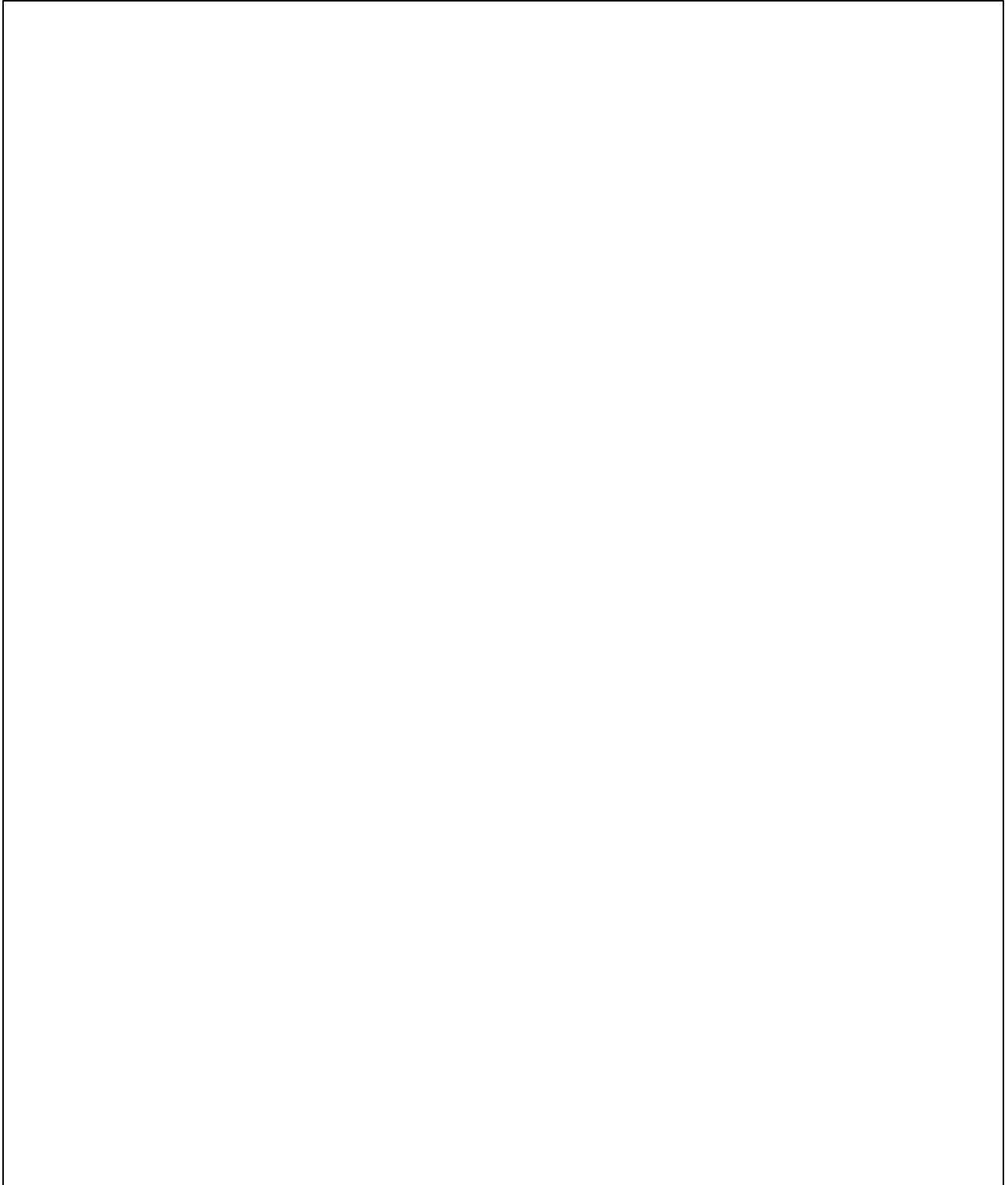
## *Basic Site Plan*



# New Castle Fire Department

229 N Main Street  
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*Basic Floor Plan, \_\_\_\_\_ Floor*



Make as many copies as necessary