

Fire Department

_____, IN _____

Facility Name: _____ Facility Number: _____

Diagrams, Maps: _____

***** **Contact Information** *****

Address: _____ City: _____ State: ____ Zip: _____

Manager: _____ Business Phone: (____) ____-_____

Emergency Phone (1): (____) ____-_____ Emergency Phone (2): (____) ____-_____

2nd Contact: _____ Business Phone: (____) ____-_____

Emergency Phone (1): (____) ____-_____ Emergency Phone (2): (____) ____-_____

3rd 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: _____

***** 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: _____

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: _____

Chemical Name: _____
Location: _____
Quantity: _____ Gallons/Pounds
Flammable: ____ Toxic: ____ Corrosive: ____ Oxidizer: ____
UN #: ____ Guide # ____
NFPA 704: Fire __ Health __ Reactivity __ Special _____

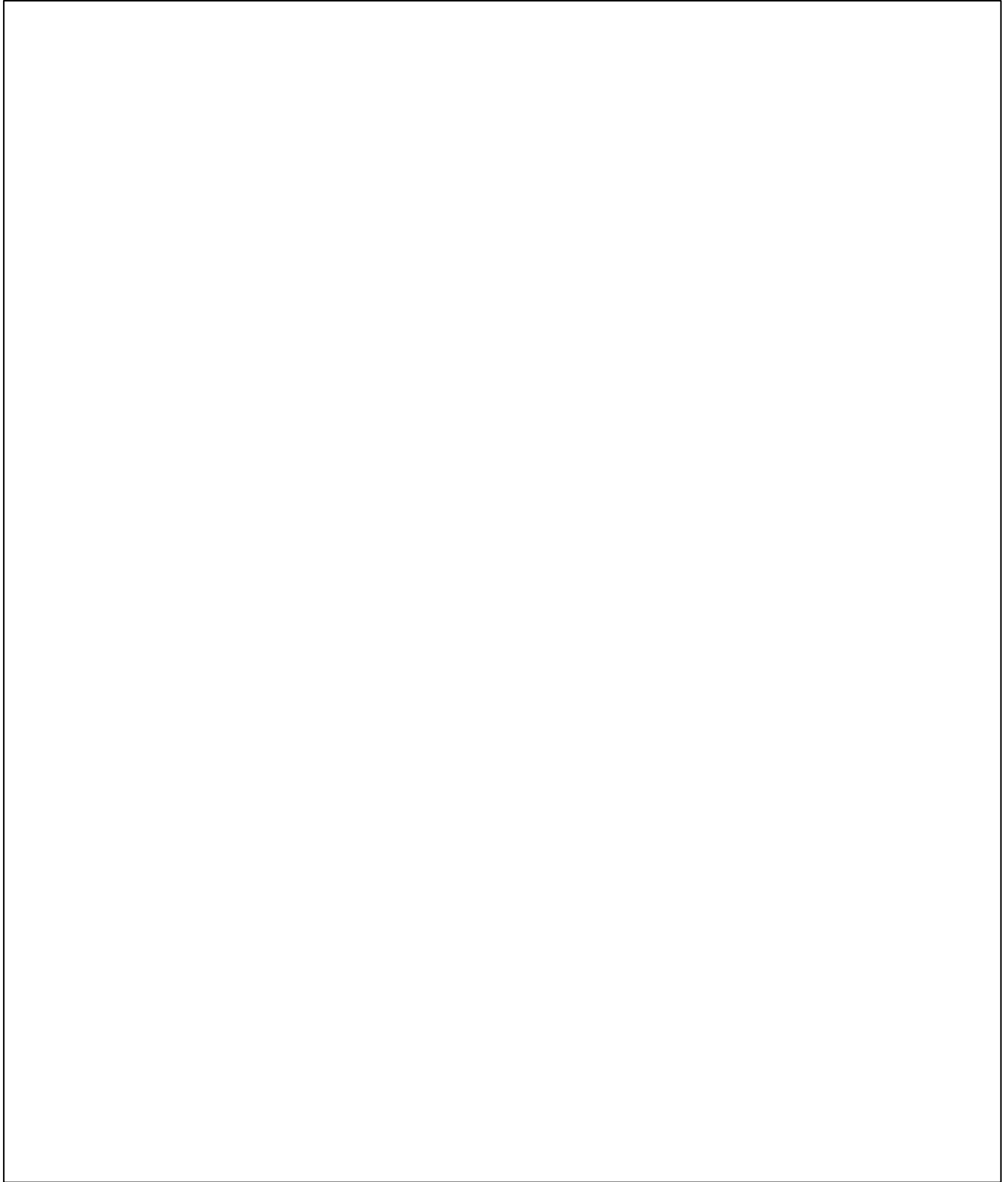
Chemical Name: _____
Location: _____
Quantity: _____ Gallons/Pounds
Flammable: ____ Toxic: ____ Corrosive: ____ Oxidizer: ____
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NFPA 704: Fire __ Health __ Reactivity __ Special _____

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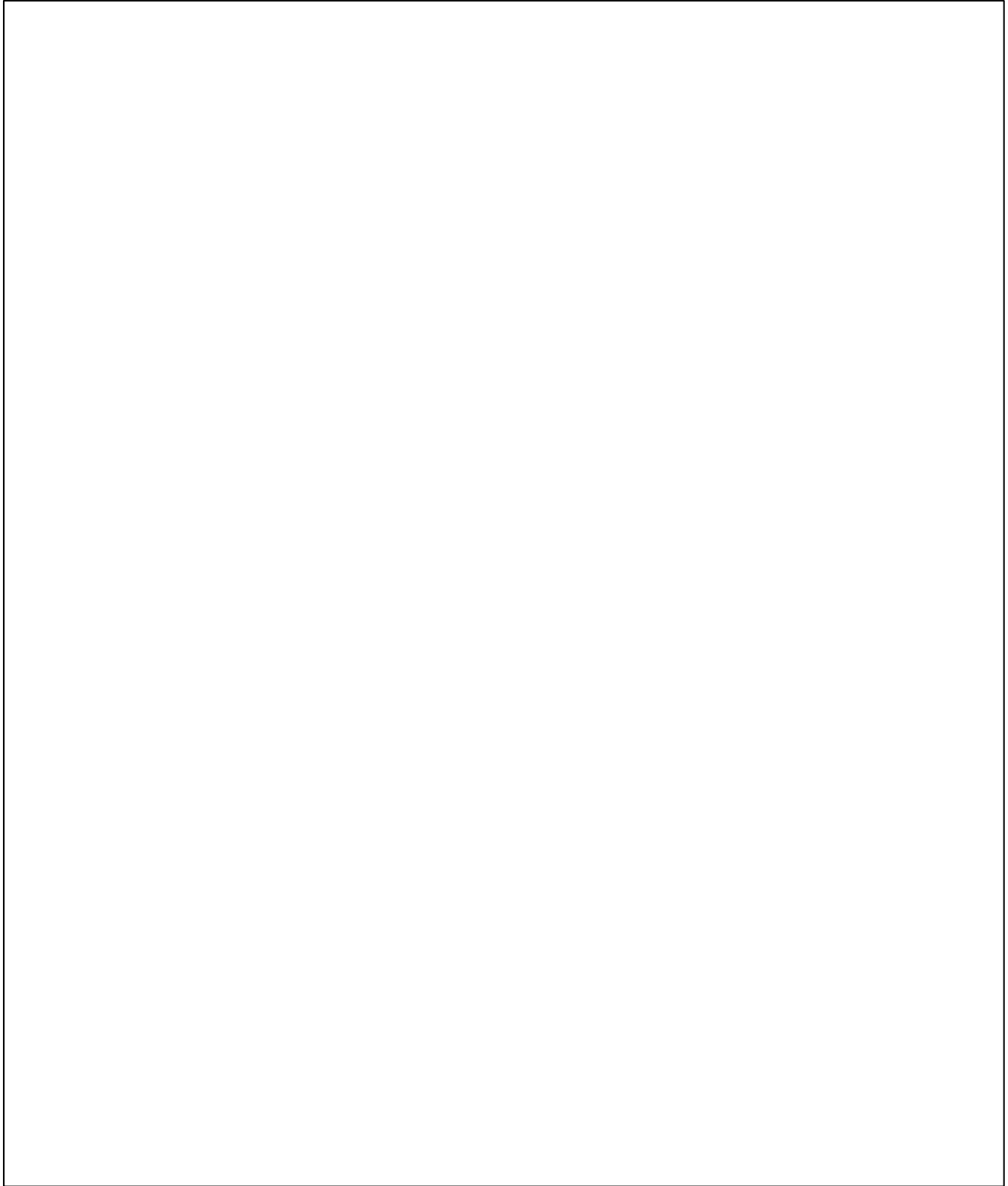
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Copy this sheet and attach as many as necessary

Basic Site Plan



Basic Floor Plan, _____ Floor



Make as many copies as necessary