

Thank you for taking the time to fill out this survey. It will aid us in the event of an emergency at your facility. Please fill out the information to the best of your ability (The last section is mainly for our use). If you have any questions, or to schedule a tour of your facility, contact Mark Kniesly at the fire station at 285-4929 or by email at markkniesly@westhempfieldfire.com.

PREFIRE PLAN SUMMARY

Location Name (or residence):

Address:

City/State/Zip:

Phone Number

Business usage:

Key Box Location:

EMERGENCY CONTACTS (w/ keys)

Name:

Title:

Address:

Home #:

Email:

Mobile #:

Work #:

Name:

Title:

Address:

Home #:

Email:

Mobile #:

Work #:

Name:

Title:

Address:

Home #:

Email:

Mobile #:

Work #:

OCCUPANCY INFORMATION

	Time Range	Number of Occupants	Age Range	Job
1				
2				
3				
4				
5				
6				

BUILDING CONSTRUCTION (complete one page for each building type)

Original building, date, type of construction:

Renovation 1, date, type of construction:

Renovation 2 , date, type of construction:

Renovation 3, date, type of construction:

Renovation 4, date, type of construction:

Roofing type:

Floor Construction:

Roof access:

Wall Construction:

Void spaces:

Floor Openings:

Building Contents (include seasonal items):

ELEVATORS (complete one page for each elevator hoistway)

Location of elevator hoistway:

Number of cars in hoistway:

Circle all that apply:

Passenger	Freight
Hydraulic	Traction

Manufacturer's Name/Address/Phone:

Service Company's Name/Address/Phone:

Hoistway Door Key Location:

Hoistway Key Hole Locations:

Mechanical Room Location:

Intercom Location:

Independent Service Y / N Describe operation:

Fire Service Y / N Describe operation:

Emergency Stop Switch Y / N Describe operation:

Recommended Door Opening Technique:

Other information (blind hoistways, hazards, etc.):

HAZARDOUS MATERIALS (use as many pages as needed)

Material	Amount	Location	Special Precautions
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ALARMS (complete one page for each alarm system)

Alarm Type:

Panel Location:

Alarm Coverage:

Service Company Name/Address/Phone:

Method to silence alarms:

Method to reset alarms:

Alarm Type:

Panel Location:

Alarm Coverage:

Service Company Name/Address/Phone:

Method to silence alarms:

Method to reset alarms:

FIRE SUPPRESSION SYSTEM (use as many pages as needed)

(Includes sprinkler systems, standpipes, and specialty systems)

Type:

Fire Department Connection Location:

Main Valve Location:

Coverage:

Type:

Fire Department Connection Location:

Main Valve Location:

Coverage:

Type:

Fire Department Connection Location:

Main Valve Location:

Coverage:

UTILITIES

Type	Location	Use	Shutoff Location
Natural Gas			
Propane			
Fuel Oil			
Electric			
Emergency Power			
Water			
Steam			
Other			

FIRE ATTACK INFORMATION

Primary Hydrant Location / Flow:

Secondary Hydrant Location / Flow:

On-Site Water Supply / Flow:

Draft Site Location / Flow:

Fire Load:

Water Flow Requirements:

Exposures:

Likely Rescue Scenarios:

Previous Incident Summaries: