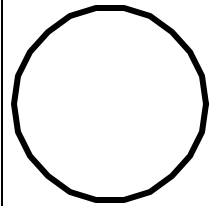
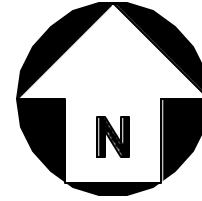




1. Building Name:

2. Address:

3. Main Contact Person:



3. Main Contact Phone:

4. Occupancy:

GRID

<input type="checkbox"/>	Wood Truss Roof	<input type="checkbox"/>	Metal Truss Roof	<input type="checkbox"/>	Wood Construction	<input type="checkbox"/>	Metal Construction	<input type="checkbox"/>	
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Main Fire Access	Operations Box
Fire Hydrant	Exit Direction
FD Connection	Extinguishers
Water Shut Off	Electrical Room
N. Gas shut Off	12 Name Front Street [Name]
Fire Alarm Panel	13 Name Rear Street [Name]
FD Lock Box	Other item [Name]

75%	50%	25%
FIRE FLOW		STOREYS
X		X
=		3 gal



Other Information

Indicate
North