

Occupancy

Overall occupancy:

High fire load: ___ Yes ___ No Locations:

Life safety concerns:

Evacuation assembly plan: ___ Yes ___ No Assembly point location:

Hazards

Trash and waste hazards:

Incinerator or compactor inside: ___ Yes ___ No Locations:

Incinerator or compactor chutes: ___ Yes ___ No Locations:

Chutes sprinkled: ___ Yes ___ No

Outside compactors or dumpsters: ___ Yes ___ No Locations:

Compactors or dumpsters attached or exposed to interior: ___ Yes ___ No

Hazardous materials present: ___ Yes ___ No

Location of MSDS sheets:

Hazardous materials inventory attached: ___ Yes ___ No

Location for use in an emergency:

Materials reactive with air, water, or other materials present: ___ Yes ___ No

Type of materials:

Typical locations:

Radioactive materials present: ___ Yes ___ No

Typical locations:

Process hazards present: ___ Yes ___ No

Typical locations:

Construction

Number of stories: _____ Number of basements/full or partial: _____

Average square footage per story: _____

Penthouse: ___ Yes ___ No Occupancy: _____

Roof construction: _____ Trusses: ___ Yes ___ No

Deck material: _____

Covering: _____

Floor construction: _____ Trusses: ___ Yes ___ No

Wall construction: _____

Combustible concealed spaces: ___ Yes ___ No

Locations: ___ Attic ___ Cockloft ___ Crawl space ___ Other: _____

Interior fire barriers and walls: ___ Yes ___ No Locations: _____

Wall penetrations: ___ Yes ___ No Locations: _____

Openings protected by: ___ Doors ___ Shutters ___ Sprinklers ___ No Protection

Interior stairs: Number: _____ Location: _____

Obstruction to stairways:

Elevators: Nubmer: _____ Location: _____

Area served – full or partial:

Fire service mode: ___ Yes ___ No Elevator key location: _____

Elevator controls location:

Unprotected vertical openings: ___ Yes ___ No Type and location:

Water Supply

Primary water supply:

Test results: Location: _____ Date: _____

Static pressure: _____ Residual pressure: _____ Flow rate: _____

Alternative supplies:

Private supply: ___ Yes ___ No Type: ___ Gravity tank ___ Other tank ___ Cistern
___ Process system ___ Reservoir ___ Other: _____

Fire pump: ___ Yes ___ No Supplied by: ___ Public supply ___ Private supply

Start-up: ___ Automatic ___ Manual Number of pumps _____

Location of pumps:

On-site hydrants: ___ Yes ___ No Supplied by: ___ Public ___ Private

Size of outlets and threads:

Location of hydrants:

Which system supplies what protection systems:

Nearest large volume water supply greater than 2000 gpm:

Needed fire flow calculations:

Largest single fire area:

Needed Fire Flow Factors (Fire Department Use Only)							
Building or Area	Area Measurements			Hazard Factors: Low, Moderate, High Severe			Total Flow Needed
	Length	Width	Height	Fire Load Factor	Life Hazard Factor	Exposure Factor	

Protection Systems

Fire alarm system: ___ Yes ___ No Panel location: _____

Annunciator location: _____

Type of alarms: _____

Extent of coverage: _____

Monitored system: ___ Yes ___ No Fire alarm company: _____

Sprinkler system: ___ Yes ___ No Location of the FDC: _____

Size of FDC threads: _____

Type of system: _____

Extent of coverage – full or partial: _____

Areas protected (if partial): _____

Location of main valves: _____

Location of sectional valves: _____

System coverage plan at valve: ___ Yes ___ No

Standpipe and inside hoses: ___ Yes ___ No

Combined with sprinkler system: ___ Yes ___ No

FDC same as for sprinkler system: ___ Yes ___ No

Location of FDC: _____

Size of FDC threads:

Type of standpipes:

Extent of coverage – full or partial:

Outlet locations: ___ Stairway ___ Open floor ___ Other

Outlet size and type:

Special protection systems: ___ Yes ___ No

Type systems:

Locations:

Extent of coverage – full or partial:

Utilities

Y/N	Service	Shutoff Location
	Natural gas	
	LP Gas	
	Fuel oil	
	Electric	
	Emergency power	
	Heating	
	Water	
	Hot water	
	Stream	
	A/C and ventilation	
	Specialty gas*	
	Specialty gas*	

*Record type of gas

Occupant concerns for utilities: ___ Yes ___ No

Responsible contact:

Process concerns for utilities: ___ Yes ___ No

Responsible contact:

Exposures (Fire Department Use Only)

Exposure Number	Separation (ft)	Life Hazard	Fire Load	Construction	Sprinklered	Priority (LON = 5)

Other exposure concerns:

Special Resource Construction:

Technical Rescue Exposures (Fire Department Use Only)

High angle: ___ Yes ___ No Locations:

Confined space: ___ Yes ___ No Locations:

Remarks (Fire Department Use Only)
