

# Tightwad Fire Protection District Incident Pre-Planning Information Form

Name of person completing form: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reviewed by fire officer name: \_\_\_\_\_ Rank: \_\_\_\_\_

Primary Assessor parcel #: \_\_\_\_\_ District Map Book Page #: \_\_\_\_\_

## General Information

Business Name:	
Street Address:	Mailing Address:

## Contact Information

Business Owner:	Fax Number:
Business Phone Number:	Address:
Home Number:	Owner works on site: yes <input type="checkbox"/> no <input type="checkbox"/>
Mobile Number:	

## Emergency Contacts

Name:	Title:
Address:	Home Number:
Mobile Number:	Other:

Name:	Title:
Address:	Home Number:
Mobile Number:	Other:

Name:	Title:
Address:	Home Number:
Mobile Number:	Other:

Name:	Title:
Address:	Home Number:
Mobile Number:	Other:

## Knox Box Info

Knox Box: yes <input type="checkbox"/> no <input type="checkbox"/>	Locations:
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## Alarm System

Alarm Present: yes  no

Alarm Panel Location:

Alarm Company:

Phone Number:

Alarm Company Account Number:

Fire Alarm Password:

## Construction Information

<u>SIZE</u>	<u>STORIES</u>	<u>BUILDING USAGE (explain)</u>
Length:	Above Ground:	
Width:	Basement: yes <input type="checkbox"/> no <input type="checkbox"/>	
Height:	Basement Door Location:	

## Utility Information

Name of Electric Company:	Name of Gas Company:
Electric Company Emergency Phone Number:	Gas Company Emergency Phone Number:
Electric Meter Location:	Gas Meter or Propane Tank Loc:
Main Electric Panel Location:	

## Sprinkler System Information

Sprinkler Standpipe Connection: yes <input type="checkbox"/> no <input type="checkbox"/>	Location:
Sprinkler Valve Location:	
Type Of Sprinkler System: Wet Pipe: <input type="checkbox"/> Dry Pipe: <input type="checkbox"/>	
Is Entire Building Sprinklered: yes <input type="checkbox"/> no <input type="checkbox"/>	
Is There a Fire Pump: yes <input type="checkbox"/> no <input type="checkbox"/>	Fire Pump Location:
Main Water Shut Off Location:	

## Ventilation

Fixed Ventilation System: yes <input type="checkbox"/> no <input type="checkbox"/>	Location Of Controls:
Can HVAC System Be Used For Smoke Removal: yes <input type="checkbox"/> no <input type="checkbox"/>	Location Of Controls:
Roof Openings: Doors <input type="checkbox"/> Hatches <input type="checkbox"/> Skylights <input type="checkbox"/> Vents <input type="checkbox"/>	
Roof Access Stairs Location (if applicable):	

## Elevators

Location:
Elevator Mechanical Room Location:
Key Access Location:
Elevator Emergency Shut Off Location:

## Special Hazards

Confined Spaces: yes <input type="checkbox"/> no <input type="checkbox"/>	Confined Space Location:
Any Type Of Electrical Or Mechanical Hazards: yes <input type="checkbox"/> no <input type="checkbox"/>	
Location and Description of Electrical Or Mechanical Hazard:	

## Additional Information


Examples: Hazards to responders; hazards to civilians; renovations; false walls; drop ceilings; attic; crawl spaces; animals; etc.

## Hazardous Materials Inventory:

Product Name:	Manufacture:	Quantity:	Safety Data Sheet: <b>yes</b> <input type="checkbox"/> <b>no</b> <input type="checkbox"/>
<b>Product Location:</b>			
Product Name:	Manufacture:	Quantity:	Safety Data Sheet: <b>yes</b> <input type="checkbox"/> <b>no</b> <input type="checkbox"/>
<b>Product Location:</b>			
Product Name:	Manufacture:	Quantity:	Safety Data Sheet: <b>yes</b> <input type="checkbox"/> <b>no</b> <input type="checkbox"/>
<b>Product Location:</b>			
Product Name:	Manufacture:	Quantity:	Safety Data Sheet: <b>yes</b> <input type="checkbox"/> <b>no</b> <input type="checkbox"/>
<b>Product Location:</b>			
Product Name:	Manufacture:	Quantity:	Safety Data Sheet: <b>yes</b> <input type="checkbox"/> <b>no</b> <input type="checkbox"/>
<b>Product Location:</b>			
Product Name:	Manufacture:	Quantity:	Safety Data Sheet: <b>yes</b> <input type="checkbox"/> <b>no</b> <input type="checkbox"/>
<b>Product Location:</b>			
Product Name:	Manufacture:	Quantity:	Safety Data Sheet: <b>yes</b> <input type="checkbox"/> <b>no</b> <input type="checkbox"/>
<b>Product Location:</b>			
Product Name:	Manufacture:	Quantity:	Safety Data Sheet: <b>yes</b> <input type="checkbox"/> <b>no</b> <input type="checkbox"/>
<b>Product Location:</b>			

Occupancy Type (circle): Assembly Commercial Educational Industrial Retail Residential Storage

Construction Type (circle):

I-Fire Resistive II-Non-Combustible III-Ordinary IV-Heavy Timber V-Wood Frame ?-Other

Combustibility of Contents (circle):

C-1 Non-Combustible C-2 Limited Combustibility C-3 Combustible C-4 Free Burning  
C-5 Rapid Burning or Flash Burning

*Attach photographs and drawing of building and site*

# PREPLAN SYMBOLS

## Fire Suppression System



FDC



Fire Extinguisher



Fire Vault



Fire Pump



Full Sprinklers



No Sprinklers



Outside Screw and Yoke Valve



Partial Sprinklers



Post Indicator Valve



Riser



Standpipe



Hydrants

## Fire Preincident Alarm / Control Panel



Fire Alarm Control Panel



Fire System Annunciator

## Knox Box Locations



Padlock



Knox Box



Key Switch

## Doors



Overhead Door

## Building Access



Basement Access



Elevator



Roof Access

## Utility Shutoff



Electrical Main Shutoff



Natural Gas Main Shutoff



Water Shutoff

## Special Hazards



Bow String Truss

## Building Features



Fire Wall

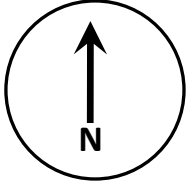
## GUIDE FOR PRE-PLAN DRAWING

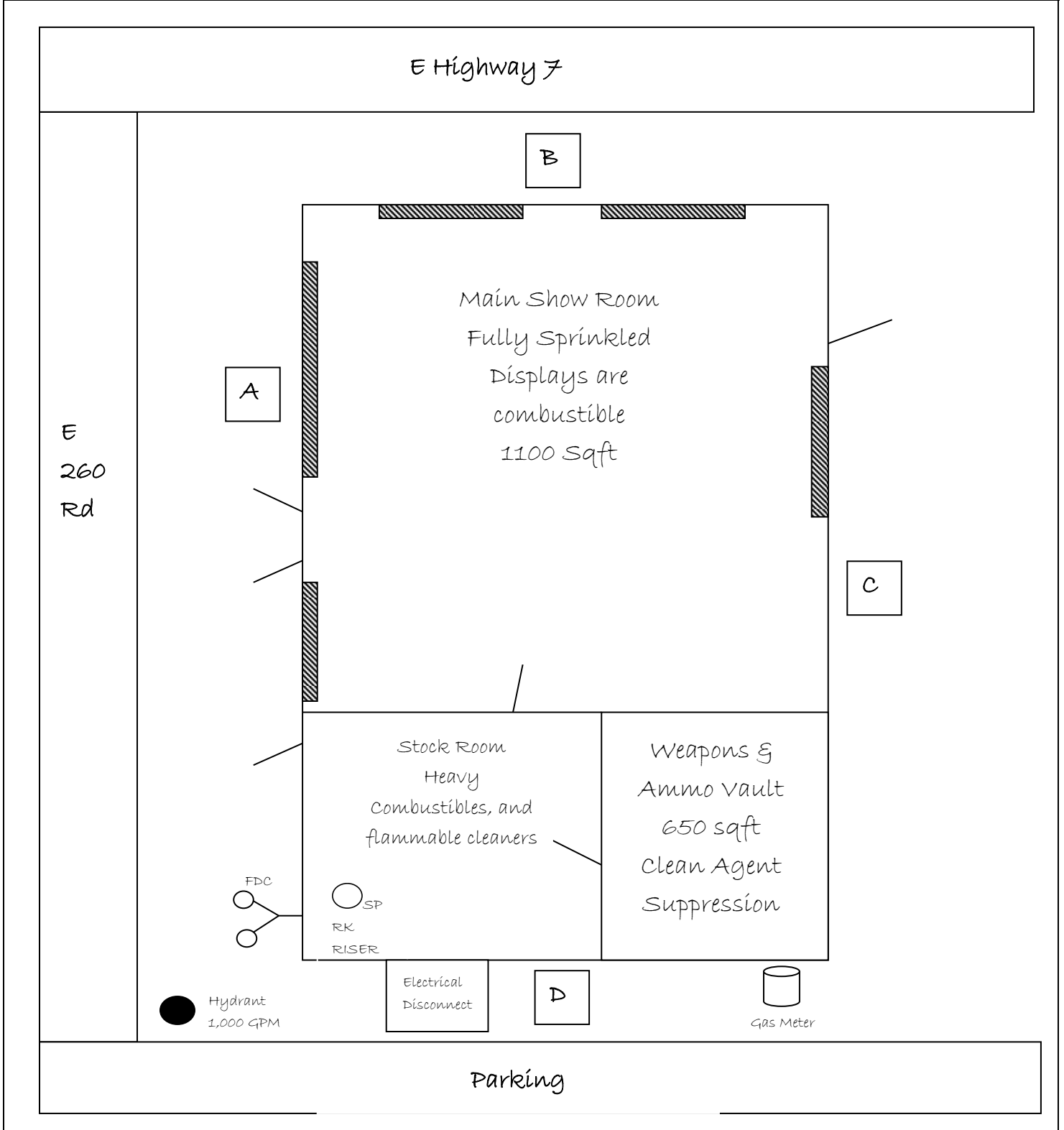
1. Sketch Each Floor
2. Show Roof access of venting devices
3. Show approaches to the facility
4. Indicate the size of the facility (Length and Width)
5. Show location of attic access doors, hatches, or ladders
6. Show roof access ladders
7. Show the location of the master electrical shutoff(s), other electrical shutoffs should be shown.
8. Show the location of the master gas/LPG shutoff.
9. Show the Direction of north by an arrow.
10. Show specific types of doors for other than standard personnel doors.
11. Show Fences and gates.
12. Show all major partitions and doors.
13. Show room numbers if they are marked on the facility, otherwise indicate the use of the room.
14. Show the location of stairs and stairwells.
15. Show the locations of elevators.
16. Show locations of firewalls, and fire doors.
17. Show fire or smoke partitions in concealed spaces such as attics.
18. Show locations of fire hydrants and other available water sources.
19. Show the location of fire alarm control panels
20. Show the location of annunciator panels.
21. Show the location of all carbon dioxide, FM200, or clean agent fire extinguishing systems.
22. Show the location of all sprinkler risers, if applicable.
23. If the facility is only partially sprinkled, indicate areas that are protected.
24. If the facility has more than one sprinkler riser, indicate the area protected by each riser.
25. If the facility does not have a sprinkler system or if the facility is protected completely by a sprinkler system place the proper symbol at the top of the sketch.
26. Show the location of all Post Indicator Valves and show which risers the valves control.
27. Show the location of all standpipes, hose cabinets and outlets.
28. Show the location of any installed fire pumps.
29. Indicate the location of hazards in the building, such as explosives, radiation, flammable liquids, toxics, etc. that constitute an uncommon hazard to responders.
30. Indicate the location of where Material Safety Data Sheets (MSDS) are stored.

Show the location of the following items in your drawing,

1. Doors and windows
2. Power Shutoff
3. Gas/LPG Shutoff
4. Sprinkler Connection
5. Fire Alarm Panel
6. Non-Usable Doors or Windows
7. Any Special Hazards (Explosives, Chemicals, Etc.)

**SAMPLE COMPLETED DRAWING**

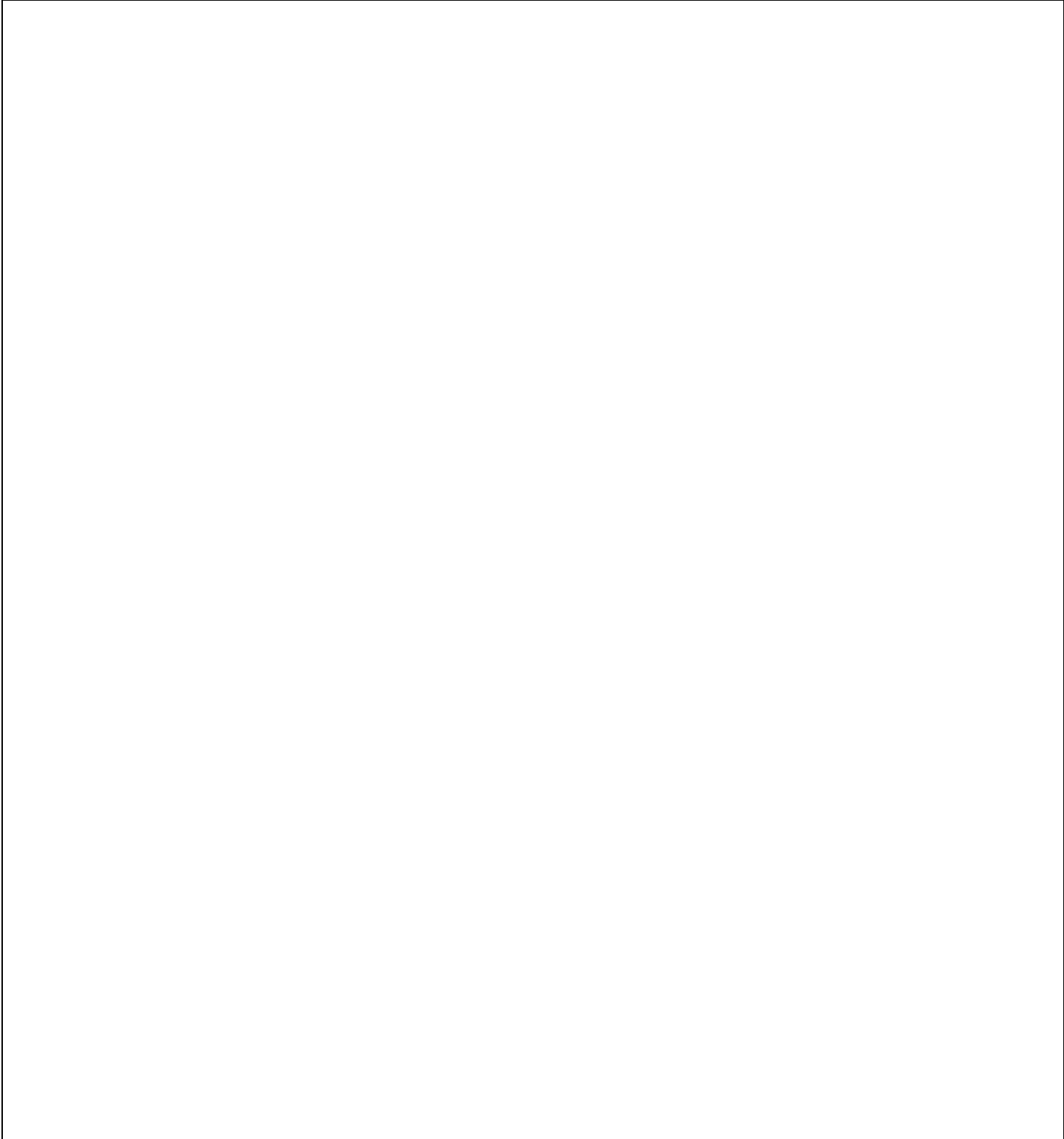
<p>Direction</p> 	<p>Address:</p> <p>777 E 260 Rd</p>	<p>Date of Drawing</p> <p>1/4/22</p>
	<p>Name of Occupancy:</p> <p>Frank's Shooting Sports</p>	<p>DISTRICT</p> <p>1</p>



**NOT TO SCALE**

**PRE-INCIDENT PLAN DRAWING**

<p>Direction</p> 	<p>Address:</p>	<p>Date of Drawing</p>
	<p>Name of Occupancy:</p>	



**NOT TO SCALE**