Greenwood Volunteer Fire Company No. 1, Incorporated

P.O. Box 1 12611 Sussex Highway Greenwood, Delaware 19950 302-349-4529 Fax 302-349-9810

Pre-Plan Information

General Information	
Business Name:	
Street Address:	Mailing Address:
Contact Information	
Business Owner:	Fax Number:
Business Phone Number:	Address:
Home Number:	Owner worksonsite: yes □ no □
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 no	Locations:

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>	STORIES	BUILDING USAGE (explain)	
Length:	Above Ground:		
Width:	Basement: yes□ no□		
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 Location:
Main Electric Panel Location:	

Sprinkler System Information		
Sprinkler Standpipe Connection: yes \Box no \Box		Location:
Sprinkler Valve Location:		
Type Of Sprinkler System: Wet Pipe: □ Dry Pipe		e:□
Is Entire Building Sprinklered: yes 🗆 no 🗆		
Is There a Fire Pump: yes no		Fire Pump Location:
Main Water Shut Off Location:		

Ventilation			
Fixed Ventilation System: yes no	Location Of Controls:		
Can HVAC System Be Used For Smoke Removal: yes D no D Location Of Controls:			
Roof Openings: Doors Hatches Skylights Vents			
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 \Box no \Box	Confined Space Location:		
Any Type Of Electrical Or Mechanical Hazards: yes 🗆 no 🗆			
Location and Description of Electrical Or Mechanical Hazard:			

Additional Information	

Hazardous Materials In	iventory:		
Product Name:	Manufacture:	Quantity:	Safety Data Sheet: YES 🗆 NO 🗆
Product Location:			
Product Name:	Manufacture:	Quantity:	Safety Data Sheet: YES 🗆 NO 🗆
Product Location:			
Product Name:	Manufacture:	Quantity:	Safety Data Sheet: YES 🗆 NO 🗆
Product Location:			
Product Name:	Manufacture:	Quantity:	Safety Data Sheet: YES 🗆 NO 🗆
Product Location:			
Product Name:	Manufacture:	Quantity:	Safety Data Sheet: yes 🗆 N0 🗆
Product Location:			
Product Name:	Manufacture:	Quantity:	Safety Data Sheet: YES 🗆 NO 🗆
Product Location:			
Product Name:	Manufacture:	Quantity:	Safety Data Sheet: yes 🗆 N0 🗆
Product Location:			
Product Name:	Manufacture:	Quantity:	Safety Data Sheet: yes 🗆 NO 🗆
Product Location:			

If you have copies of building blueprints that you would like to attach we would greatly appreciate it.

Thank you!