

Northwest Volunteer Fire Department Pre-Fire Planning Form

Inspected By: _____ Date: _____

Occupant Information

Occupant: _____ Phone: _____

Address: _____ Key Map: _____

Occupancy Type: _____ Occupancy Load: _____ Day: _____ Night: _____

Contacts Types: Home/Mobile/Work

Name	Type	Phone#	Type	Phone#

Structural Information

Construction Type: Type 1 Type 2 Type 3 Type 4 Type 5

Construction Details	Roof	Support	<input type="checkbox"/> Wood <input type="checkbox"/> Steel	TYPE: <input type="checkbox"/> Truss <input type="checkbox"/> Joist <input type="checkbox"/> OSB <input type="checkbox"/> Other	
		Decking	<input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> None <input type="checkbox"/> Other:		
		Covering	<input type="checkbox"/> Built-Up <input type="checkbox"/> Composite Shingle <input type="checkbox"/> Metal <input type="checkbox"/> Plastic Membrane <input type="checkbox"/> Tile		
		Details	<input type="checkbox"/> Pitched <input type="checkbox"/> Flat <input type="checkbox"/> Arched <input type="checkbox"/> Mansard	<input type="checkbox"/> Parapet	LOAD: _____
	Wall	Exterior	<input type="checkbox"/> Wood <input type="checkbox"/> Steel <input type="checkbox"/> Masonry	Covering: _____	
		Interior	<input type="checkbox"/> Wood <input type="checkbox"/> Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Other	Covering: _____	
		Firewalls	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Breached?	Details: _____
	Floor	Support	<input type="checkbox"/> Wood <input type="checkbox"/> Steel	TYPE: <input type="checkbox"/> Truss <input type="checkbox"/> Joist <input type="checkbox"/> OSB <input type="checkbox"/> Beam <input type="checkbox"/> Other: _____	
		Decking	<input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Masonry <input type="checkbox"/> Other:		

Protection

Sprinklers ALL Partial Non-sprinklered

Standpipes YES NO Floors: _____ Coverage: all partial

Sprinkler FDC YES NO Type: single Siamese

Standpipes FDC YES NO same as sprinkler Type: single Siamese

Fire Pump	<input type="checkbox"/> Yes <input type="checkbox"/> NO	Systems Supplied	<input type="checkbox"/> Sprinkler <input type="checkbox"/> Standpipe
	Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private	Operation: <input type="checkbox"/> Auto <input type="checkbox"/> Manual	
	Driver: <input type="checkbox"/> Electric <input type="checkbox"/> Diesel	Flow/PSI: _____	

Coverage Details _____

Access

Access Problems _____

Key/Lock Box YES NO Contents/LOC: _____

Roof Access _____

Attic Access _____

Stairwells _____

Elevators # _____ Floors Served: _____ FD Control: Yes No

Key Location: _____

HVAC Controls _____

Strategy

Level II Stage	
Exposures	
Ventilation	
Salvage Priorities	
Evacuation area	

Water Supply

Hydrant location- List in order of proximity. Include drafting sites if appropriate.	GPM

HAZMAT- Use notes area if more than 5 materials exist.

Type (Material)	DOT ID#	Guide#	

NOTES