

Nottawa-Sherman Fire Department PRE-INCIDENT SURVEY

FIREFIGHTER HAZARDS?
 YES NO
SUMMARY:

DATE COMPLETED *Note: Use a separate set of forms for each separate building over 100 ft², if necessary.*
BUSINESS OR BLDG/NAME **ADDRESS**

PRIMARY CONTACT PERSON: () -
Name Phone

MAIN PHONE # () - **EMERGENCY NUMBER(S)**
Email Address:

Name <input style="width: 150px;" type="text"/> () - <input style="width: 50px;" type="text"/> Manager/Keyholder	Name <input style="width: 150px;" type="text"/> () - <input style="width: 50px;" type="text"/> Owner
Phone <input style="width: 100px;" type="text"/>	Phone <input style="width: 100px;" type="text"/>

ALARM TYPES FIRE SMOKE HEAT MOTION SPRINKLER NONE **SPRINKLER SYSTEM** YES NO PARTIAL
ALARM LOCATION

BUILDING TYPE BUSINESS STORAGE RESIDENTIAL ASSISTED LIVING **OCCUPATION** **MAX. # OF OCCUPANTS**
OCCUPATION DAYS/HOURS

RESCUE: HEAVY MODERATE LIGHT **# OF RESCUE TEAMS NEEDED**
KNOX BOX: YES NO **IF YES, LOCATION?**

BEST FOCIBLE ENTRY LOCATIONS

% OF INVOLVEMENT	25%	50%	75%	100%
IRE FLOW NEEDED <small>(APPLY % INVOLVMENT TO THE GPM CALCULATIONS BELOW)</small>	GPM	GPM	GPM	GPM
# OF FIREFIGHTERS (1 PER 50 GPM)				
# OF RESCUE TEAMS NEEDED				
# OF ENGINES NEEDED				
# OF TENDERS NEEDED				
# OF OFFICERS NEEDED				
AERIAL? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> POSSIBLY				

	LENGTH	X	WIDTH	=	Total Area	GPM NEEDED FOR 100% INVOLVMENT
MAIN BLDG	ft		ft		ft ²	GPM
WING BLDG	ft		ft		ft ²	

(APPLY % OF INVOLVMENT TO THE GPM & ENTER IN BLOCKS ABOVE)

NEAREST WATER SOURCES

EXPOSURES WITHIN 300 ft.? YES NO **If yes, include on the site diagrams (Pgs 3 & 4)**

BUILDING CONSTRUCTION: ✓ Please Check

ROOF MATERIAL <input type="checkbox"/> Wood Shingles <input type="checkbox"/> Asphalt/Stone <input type="checkbox"/> Earth <input type="checkbox"/> Asphalt Shingles <input type="checkbox"/> Metal <input type="checkbox"/> Tile or Slate <input type="checkbox"/> Rubber or Vinyl Sheet
TRUSS TYPE <input type="checkbox"/> Wood <input type="checkbox"/> Metal
EXISTING VENTILATION LOC. <input type="checkbox"/> Roof <input type="checkbox"/> Gable <input type="checkbox"/> Wall <input type="checkbox"/> None
BUILDING HEIGHT <input type="checkbox"/> 10-20' <input type="checkbox"/> 20-30' <input type="checkbox"/> 30-40' <input type="checkbox"/> 40-50'
NUMBER OF FLOORS <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> LOFT
BASEMENT <input type="checkbox"/> YES <input type="checkbox"/> NO ENTRANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO

OVERHEAD ELECTRICAL LINES YES NO
If yes, include on the site diagrams (Pgs 3 & 4)

<input type="checkbox"/> FIRE RESIST. PROTECTED STEEL, MASON., BLOCK	2-4 HRS
<input type="checkbox"/> NON-COMB, UNPROTECTED METAL, MASONARY	15 MIN
<input type="checkbox"/> HEAVY TIMBER, LARGE BEAMS & POSTS	1-3 HRS
<input type="checkbox"/> ORD. BRICK/BLOCK & WOOD RAFTERS/JOISTS	30-60 MIN
<input type="checkbox"/> WOOD FRAME, WOOD STUD & ROOF	30-60 MIN

EMERGENCY UTILITY COMPANY PHONE NUMBERS	LOCATION OF SHUT-OFFS
ELECTRICAL	ELECTRICAL PANEL
GAS/OIL	GAS/OIL VALVE
ALARM	

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Are chemicals consumed in activities on this site? YES NO

Are chemicals manufactured or packaged on this site? YES NO

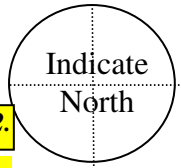
Are chemicals stored on this site? YES NO

If you need more space, use the comments section on page 4 and make a note in the appropriate box below.

If the answer is YES to any of the 3 questions above, please fill in the information below:

HAZMAT Type	Substance Name	Location if necessary, use site diagram grid numbers (Pgs. 3 & 4). (e.g., c13, k22)	Quantity (Estimate)	Used for:	Do Not Have
CLASS 1 - EXPLOSIVES This class includes gases that are pressurized or dissolved under pressure, liquefied gases & cryogenic liquids.					
DIVISION 1.1 MASS EXPLOSIVE HAZARD					
DIVISION 1.2 PROJECTION HAZARD					
DIVISION 1.3 MASS FIRE HAZARD					
DIVISION 1.4 MINOR EXPLOSION HAZARD					
DIVISION 1.5 VERY INSENSITIVE EXPLOSIVES					
DIVISION 1.6 EXTREMELY INSENSITIVE EXPLOSIVES					
CLASS 2 - GASES					
DIVISION 2.1 FLAMMABLE GASES					
DIVISION 2.2 NON-FLAMMABLE GASES					
DIVISION 2.3 POISONOUS OR TOXIC					
CLASS 3 - FLAMMABLE and COMBUSTIBLE LIQUIDS					
FLAMMABLE LIQUIDS (FP 141°F or less)					
COMBUSTIBLE LIQUIDS					
CLASS 4 - FLAMMABLE SOLIDS					
DIVISION 4.1 FLAMMABLE SOLID					
DIVISION 4.2 SPONTANEOUSLY COMBUSTIBLE MATERIAL					
DIVISION 4.3 DANGEROUS WHEN WET					
CLASS 5 - OXIDIZING SUBSTANCES; ORGANIC PEROXIDES					
DIVISION 5.1 OXIDIZER					
DIVISION 5.2 ORGANIC PEROXIDE					
CLASS 6 - POISONOUS (TOXIC) AND INFECTIOUS SUBSTANCES					
DIVISION 6.1 POISONOUS (TOXIC) MATERIAL					
DIVISION 6.2 INFECTIOUS SUBSTANCE					
CLASS 7 - RADIOACTIVE MATERIAL					
CLASS 8 - CORROSIVES					
CLASS 9 - MISCELLANEOUS DANGEROUS GOODS	Environmentally hazardous substances (e.g. zinc dithionite), elevated temperature material, hazardous wastes, magnetized material, dry ice, asbestos, life-saving appliances, internal combustion engines, polymeric beads, battery-powered equipment or vehicles OTHER:				
Non-DOT Classified Known Human Carcinogens					

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Use grid coordinates (e.g.,d3, m35) to indicate HAZMAT locations & make a note in the appropriate box on page 2.

THIS IS THE "C" SIDE

Building Name: _____ **Floor #:** 1 .

1a	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38		
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"B" SIDE

"D" SIDE

THIS IS THE "A" SIDE

THIS IS THE "C" SIDE

Building Name: _____ **Floor #:** _____ .

1a	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	
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"B" SIDE

"D" SIDE

THIS IS THE "A" SIDE

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USE THE OTHER SIDE FOR MORE NOTES OR DIAGRAMS IF NECESSARY (e.g., Exposures, Hazards, Access)

↔ **THIS IS THE "C" SIDE** ↔

Building Name: _____ Floor #: _____ .

1a	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38			
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NOTES/COMMENTS

Name of person contacted for this survey: _____
(If different from Primary Contact on Pg. 1) Phone: () _____ - _____

NSFD firefighter conducting this survey:

_____ _____

Print Name *Signature*