



Greenville Township Fire & Rescue Pre-Plan Worksheet

Box Number: _____
Occupancy ID#: _____

Occupancy Name: _____

Address: _____ Apt/Suite #: _____

Phone #: _____

Distance from Structure to Main Road: _____

Emerg. Contact #1: Name: _____ Phone #: _____ Pager/Cell#: _____
Emerg. Contact #2: Name: _____ Phone #: _____ Pager/Cell#: _____

OWNERSHIP

Private Town County State Federal

Name: _____ Phone #: _____

WATER SOURCE

Closest Dry Hydrant Location : _____ Size: _____
Closest Water Supply Location: _____ Size: _____

SIZE

Length: _____
Width: _____
Area: _____

STORIES

Above Ground: _____
Below Ground: _____

BUILDING STATUS

Under Construction Vacant & Secured
 Occupied Vacant & Unsecured
 Idle; Not Routinely Used

CONSTRUCTION TYPE

Fire Resistive Unprotected Non-Combustible Protected Ordinary Protected Wood Frame
 Heavy Timber Protected Non-Combustible Unprotected Ordinary Unprotected Wood Frame

Walls: _____ Floors: _____ Roof: _____

ROOF COVERING

Tile (clay, cement, slate, etc.) Wood Shingles (treated / untreated) Built Up
 Composite Shingle (asphalt) Metal No Roof

UTILITIES

Shut Off Locations

Natural Gas
 Electric
 Oil
 Propane

ALARM SYSTEM

Alarm Present? Y / N Automatic Manual Pull Station Combination

DETECTORS

Power Supply

Smoke Carbon Monoxide Battery
 Heat Sprinkler w/ Water-Flow Detection Hardwire
 Combination Plug In
 Plug In w/ Battery Backup
 Hardwire w/ Battery Backup

Enunciator Panel? Y / N Location: _____

Alarm Company: _____ Phone #: _____

EXTINGUISHING SYSTEM

Fire Department Connection? Y / N Location: _____

Type

Wet Pipe Dry Chemical System Halogen System Class K System
 Dry Pipe Foam System CO2 System Standpipes



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HAZARDOUS MATERIAL STORAGE

Chemical Name	ID #	Quantity	Location

Special Hazards:

Handicapped: _____ **Wheel Chair Bound:** YES NO **Normal Location:** _____

Age: Total Number of Occupants _____ **65+** _____ **Infants** _____ **Children 1-16** _____

Oxygen: Qty. on Hand _____ **Location:** _____

Animals: # _____ **Type & Qty** Dog _____ Cat _____ Other _____ **Do Dogs Bite:** YES NO

Additional Notes & Comments: _____

First Alarm Assignment

Engines: _____

Aerials: _____

Rescues: _____

Tankers: _____

HazMat Units: _____

ALS Units: _____

BLS Units: _____

Special / Other: _____

Inspected By: _____

Date: _____



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Pre-Plan Worksheet

Pre-Plan Diagram

Box Number: _____

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Occupancy Name: _____

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SECTOR: _____