



Lafayette Township Fire

Pre-Incident Planning Checklist

Date of Inspection:	Officer/Firefighter:
Firefighters:	

General Information	
Facility/Business Name:	
Street Address:	Nearest Cross Street:
Operating Hours: Open _____	Closed _____
Key Box: yes ___ No ___	Location:
Primary Access Side: 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___	Secondary : 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___
Obstructions To Aerials: yes ___ no ___	Location(s):
Interior Roof Access: yes ___ no ___	Location(s):
Overall Occupancy:	High Fire Load: yes ___ no ___
Evacuation Assemble Plan: yes ___ no ___	Assembly Point Location:

Contact Information	
Facility Phone Number: ())	Other Phone Number: ())
Business Owner:	Location:
Phone Number: ())	Primarily works on site: yes ___ no ___
Mobile Number: ())	Other:

Emergency Contacts	
Name:	Title:
Location:	Phone Number: ())
Mobile Number: ())	Other:

Name:	Title:
Location:	Phone Number: ())
Mobile Number: ())	Other:

Name:	Title:
Location:	Phone Number: ())
Mobile Number: ())	Other:

GPS Information	
Latitude:	Longitude:
Method of determining latitude and longitude:	
Description of location identified by latitude and longitude:	



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Construction Information			
<u>SIZE</u>	<u>STORIES</u>	<u>BUILDING STATUS</u>	
Length:	Above Ground:	Under Construction ___	Vacant & Secured ___
Width:	Below Ground:	Occupied ___	Vacant & Unsecured ___
Area:		Idle(Not Routinely Used): ___	
Number of Stories:		Number of Basements/ Full or Partial:	
Average Square Foot Per Story:		Combustible Concealed Spaces: yes ___ no ___	
Locations: Attic ___ Cockloft ___ Crawl Space ___ Other _____			
Interior Fire Barrier Walls: yes ___ no ___		Location(s): _____	
Interior Stairwells: Number _____		Location(s): _____	
Elevator(s): Number _____		Location(s): _____	
Area Served By Elevator(s): Full ___ Partial ___		Fire Service Mode: yes ___ no ___	
Elevator Key Location(s): _____		Emergency Telephone: yes ___ no ___	

<u>CONSTRUCTION TYPE:</u>			
Fire Resistive: ___	Unprotected Non-Combustible: ___	Protected Ordinary: ___	Protected Wood Frame: ___
Heavy Timber: ___	Protected Non-Combustible: ___	Unprotected Ordinary: ___	Unprotected Wood Frame: ___
Walls: _____		Floors: _____	
Roof: _____		_____	
Floor Construction: _____		Floor Trusses: yes ___ no ___	

<u>ROOF COVERING:</u>	
Tile (clay, cement, slate, etc.): ___	Wood Shingles (treated/untreated): ___
Composite Shingle (asphalt): ___	Built Up: ___
Metal: ___	No Roof: ___
Trusses: yes ___ no ___	Stick Framed: yes ___ no ___

<u>OTHER CONSTRUCTION INFORMATION</u>	
Exterior Features:	Date of last known modifications:
Architect:	Facility Built Date:
Construction Company:	Supplied Site Plans: yes ___ no ___

Hazardous Material Specific Information	
Tier II Facility: yes ___ no ___	Up To Date Chemical Inventory List: yes ___ no ___
MSDS Received With Tier II Forms: yes ___ no ___	Chemical Inventory List Provided: yes ___ no ___



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HAZARDOUS MATERIALS STORAGE			
Chemical Name	ID #	Quantity	Location

Utility Information	
Electric Meter Location(s):	Provider:
Natural Gas Meter Location(s):	Provider:
Liquid Propane Tank Location(s):	Provider:
Breaker Panel Location(s):	
Main Disconnect: yes ___ no ___	Location(s):
Heated By:	Location(s):
Water Heater Type: Natural Gas ___ LP Gas ___ Electric ___	Location(s):
Water Company:	Meter Location:

Alarm System			
Alarm Present: yes ___ no ___	Automatic: ___	Manual Pull Station: ___	Combination: ___

DETECTOR TYPE		POWER SUPPLY	
Smoke: ___	Heat: ___	Battery: ___	Hardwire w/Battery Backup: ___
Carbon Monoxide: ___	Combination: ___	Plug In: ___	Plug In w/Battery Backup: ___
Sprinkler w/Water – Flow Detection: ___		Hardwire: ___	
Alarm Panel Location:			
Alarm Company:		Phone Number:	

Water Supply Information			
Sprinkler Riser: yes ___ no ___		Location:	
Sprinkler Standpipe Connection: yes ___ no ___		Location:	
SYSTEM TYPE			
Wet Pipe: ___	Dry Chemical System: ___	Halon System: ___	Class K System: ___
Dry Pipe: ___	Foam System: ___	CO2 System: ___	Standpipes: ___
Hydrant Location(s):			
Hydrant Flow Rate(s):			
Red (500gpm or less) ___	Orange (500 to 1000 gpm) ___	Green (1000 to 1500 gpm) ___	Blue (1500gpm or greater) ___



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Special Hazards

Special Notes

**If more space is required for notes and or special hazards, please use the back of this form.*

