

Volunteer Firefighters Association Oklahoma

Date Created: _____

Revised Date: _____

Fire Department Pre-Incident Plan Information Sheet

General Information:

Business Name: _____ Phone: _____ Fax: _____

Business Address: _____

Owner Name: _____

Owner Address: _____ Phone: _____

Emergency Contact(s):

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Building Information:

Fixed Property Use: _____

Occupancy: _____ Occupancy Load: _____

Total Square Feet: _____ Construction Type: _____

Roof Type: _____ Support/Covering: _____

Ventilation Access: _____ Floor Construction: _____

Basement: Yes No Full Partial Fire Sprinkler System: Yes No

Forcible Entry Access: _____

Apparatus Placement:

| Apparatus | Side |
|------------------------|---------------------------------------------------------------|
| 1 st Engine | A as the general rule. May be different because of the alarm. |
| 2 nd Engine | B or as assigned by IC. Establish water supply. |
| 3 rd Engine | As assigned by IC. Prepared for FAST Team operations |
| Aerial (Truck Company) | Best location without overhead obstructions. |
| Other Units | Staging as assigned by IC. |

Side = A-Front, B-Left, C-Rear, D-Right (A=Street All sides are clockwise from A)
IC= Incident Commander

Special Hazards: (Life Safety, Occupancy Operations)

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Utility Controls:

Electric: _____ LPG & Tank Size: _____ Water: _____

Hazardous Materials:

Name: _____ Location: _____ NFPA 704 Yes No

Name: _____ Location: _____ NFPA 704 Yes No

Name: _____ Location: _____ NFPA 704 Yes No

Fire Control Locations:

Hydrants:

Location: _____ Distance: _____ Storage/Size: _____ GPM: _____

Location: _____ Distance: _____ Storage/Size: _____ GPM: _____

Fill Sites:

Location: _____ Distance: _____ Gallons: _____

Location: _____ Distance: _____ Gallons: _____

Comments: _____

Fire Flow Requirements: (GPM=Gallons Per Minute)

Percent of Involvement

| | | | |
|------------|------------|------------|-------------|
| 25% | 50% | 75% | 100% |
| | | | |

**Each exposure requires a minimum of an additional 25% more GPM
Mutual Aid will be called when there is 50% or more involvement**

Building Fire Protection:

Sprinkler System: Yes No Wet Dry

Riser Location: _____ FDC Location: _____

Fire Alarm System: Yes No Alarm Company & Phone: _____

Knox Box: Yes No Location: _____

Special Considerations:

Exposures:

Side A: _____ Distance: _____ Const. Type: _____

Side B: _____ Distance: _____ Const. Type: _____

Side C: _____ Distance: _____ Const. Type: _____

Side D: _____ Distance: _____ Const. Type: _____

Fire Behavior Predications:

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Predicted Strategies:

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|----------------------------------------------------------------------------------------------|
| Number one priority is Life Safety. Aggressive fire attack to reduce life and property loss. |
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Problems Anticipated:

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Comments:

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- **Building Drawing Attached**

| Building Other | Sprinkler | Class Code | Class Code | Other |
|-------------------|-------------------|--------------------|-------------------------|------------------|
| 0- Progress | 0- Progress | 0- Industrial | 14- Residential Remodel | 1- Consultation |
| 22- Complaint | 2- Flow Test | 2- Commercial | 16- Ag Building | 3- Grading Insp. |
| 33- Inspection | 21- Pressure Test | 4 - SFR | 18- Storage Bldg. | 9- Check Viol. |
| 99- Final | 22- Complaint | 6- Duplex | 20- Res. Garage | 11- Office |
| Fire Alarm | | 8- Multi-Res. | 24- Event/Carnival | 13- Training |
| 0- Progress | | 10- Industrial Re. | | 15- Compliance |
| 22- Complaint | | | | 17- Phone Call |
| 99- Final | | | | |
| | | | | 19- Mobile Home |
| | | | | 23- Day Care |
| | | | | 24- School |

Date Created: _____

**Fire Department Pre-Incident Plan
Building Diagram**

Business Name: _____

Business Address: _____

