**PRE-INCIDENT SURVEY**

Building Name: Survey #:

Street Address:

City, State, Zip:

Primary Use: Construction Type:

Possible Entry:

Possible Occupancy: A.M. P.M.

Known Handicapped Personnel:

**NOTIFY IN CASE OF EMERGENCY**

Name: Name:

Phone: Phone:

**BUILDING CONSTRUCTION**

Roof Type: Floor Construction:

Roof Construction:

Basement Construction Type: Height of Basement:

Number of Stories: Height of Each Story:

Length: Width: Height:

Attic Area: Size: L X W X H

**UTILITY TYPES**

Gas: Type:

Gas Shut Off Valve Location:

Electric: Phase:

Panel Location:

Alarm Location:

**EXPOSURES**

North: FT. West: FT. South: FT. East:

Type: Type: Type: Type:

**SUPPRESSION CRITERIA**

Needed Fire Flow: Total Water Supply:

Fuel Load: Rate of Flow:

**HYRANT LOCATIONS**

(1) Flow: Unit:

(2) Flow: Unit:

(3) Flow: Unit:

(4) Flow: Unit:

**OTHER WATER RESOURCES**

(1)

(2)

(3)

**SPECIAL RESOURCES**

(1)

(2)

(3)

**MUTUAL AID**

(1) Assignment:

(2) Assignment:

(3) Assignment:

**STAGING AREA**

Primary:

Secondary:

**MISCELLANEOUS INFORMATION**

Sprinkler Connection:

Standpipe Connection: