

# PRE-PLAN WORKSHEET



**SUMMARY**

Facility Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Suite: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ Lot/Block: \_\_\_\_\_  
 Facility Usage: \_\_\_\_\_

Occupancy:

Day(s) of Week	Hours of Operation	Time Range	Max Occupancy	Staff Count	Notes (Mobility/Ave Age)

**CONTACTS**

<b>Name:</b>	<b>Position:</b>	<b>Keys? ( Yes / No )</b>
<b>Address:</b>		
<b>Business Phone:</b>	<b>Mobile Phone:</b>	<b>Home Phone:</b>
<b>Fax#:</b>	<b>E-Mail:</b>	
<b>Name:</b>	<b>Position:</b>	<b>Keys? ( Yes / No )</b>
<b>Address:</b>		
<b>Business Phone:</b>	<b>Mobile Phone:</b>	<b>Home Phone:</b>
<b>Fax#:</b>	<b>E-Mail:</b>	
<b>Name:</b>	<b>Position:</b>	<b>Keys? ( Yes / No )</b>
<b>Address:</b>		
<b>Business Phone:</b>	<b>Mobile Phone:</b>	<b>Home Phone:</b>
<b>Fax#:</b>	<b>E-Mail:</b>	



Date of Construction or last renovation:

Number of Renovations:

Type of Construction:

Building Size:

Floors Above/Below grade:

Building Value:

Contents Value:

Dumpster:

(Contact):

**ROOFING** (Trusses: *YES / NO* )

Construction:

Covering:

Decking:

Roof Access:

Floor Construction:

Wall Construction:

Void Spaces:

Openings:



Service Company/Phone: \_\_\_\_\_

Type of Elevator:			
Door Key Location:			
Fire Dept Key:			
Method of Operation:			
Notes:			
Mechanical Room Notes:			



Material	Amount	Location/Notes

Use back for  
more space



Alarm ID: \_\_\_\_\_ Alarm Company/Phone \_\_\_\_\_

Alarm Type: \_\_\_\_\_ Annunciator Panel Location: \_\_\_\_\_

Alarm Coverage Notes:

Key Box ( **YES** / **NO** ) Location & Notes:



( **YES** / **NO** ) Type: \_\_\_\_\_

FDC Connection Location \_\_\_\_\_ Main Valve Location \_\_\_\_\_

Coverage & Notes:



( YES / NO ) Type:

Coverage:

Location:

Discharges:



Type	Coverage	Control Location



<input checked="" type="checkbox"/>	Type	Shut Off
<input type="checkbox"/>	Natural Gas	
<input type="checkbox"/>	Propane	
<input type="checkbox"/>	Fuel Oil	
<input type="checkbox"/>	Electric	
<input type="checkbox"/>	Emergency Power	
<input type="checkbox"/>	Water	
<input type="checkbox"/>	Steam	
<input type="checkbox"/>	Other 1 or Heating Units	
<input type="checkbox"/>	Other 2	



Notes:

Fire Prediction:

Water Flow:

Distance to Primary Hydrant:

Distance to Secondary Hydrant:

Nearest Draft Site & Notes:

**Exposures:**

<b>Side</b>	<b>Description</b>