



SANDOVAL COUNTY FIRE DEPARTMENT PRE-FIRE AND EMERGENCY PLAN

Name: _____ District: _____

Address: _____ Cross Street: _____

Type of Occupancy: _____ Spec. Cond. _____ Occ. Load: _____

Construction Type: _____ Sq. Ft. _____ Floors: _____ Basement: _____

Walls: _____ Roof: _____ Floor: _____

Knox Box (Y/N): _____ Location: _____

UTILITY LOCATIONS

Gas/ Propane: _____ Electric : _____

Water: _____ Aux. Power: _____

FIRE PROTECTION FEATURES

Fire Alarm (Y/N) _____ Panel Location: _____

Fire Sprinkler System: (Y/N) _____ F.D.C. (Y/N) _____ Location of riser and F.D.C. _____

Standpipe: (Y/N) _____ Dry/ Wet: _____ Location of S/P F.D.C _____

WATER SUPPLY

Hydrant #1 Location: _____ Flow G.P.M. _____

Hydrant #2 Location: _____ Flow G.P.M. _____

Alternate Water Source: _____

REQUIRED FIRE FLOWS

25% Involvement _____ 50% Involvement _____ 75% Involvement _____ 100% Involvement _____

SPECIFIC STRATEGIES AND TACTICS CONSIDERSATIONS

Form Completed By: _____ Date: _____

Occupancy Name: _____

SPECIAL NOTES/ HAZARDS

EMERGENCY CONTACTS

Name: _____ Phone: _____

Name: _____ Phone: _____

DIAGRAM

