

PREPLAN DATA
BUSINESS INFORMATION

BUSINESS NAME: _____ **OCC:** _____

ADDRESS: _____ **BUSINESS PHONE:** _____

BUSINESS HOURS: _____

RESCUE NOTES: _____

BUSINESS OWNER: _____ **PHONE:** _____

BUILDING OWNER: _____ **PHONE:** _____

BUILDING INS. CO. & PHONE # _____

BUILDING INFORMATION

CONSTRUCTION: _____ **ROOF:** _____

DIMENSIONS: _____

EXPOSURES: _____

ELECTRICAL SERVICE LOCATION: _____

FUEL SOURCE: _____ **SHUTOFF:** _____

SPRINKLER TYPE: _____ **CONNECTION:** _____

MISCELLANEOUS INFORMATION

REQUIRED FIRE FLOW: _____

HAZARDOUS MATERIALS: _____

OTHER KNOWN HAZARDS: _____

FIRE ALARM: Y N **ALARM TYPE:** _____

KNOX BOX Y N **OTHER KNOX BOX PRODUCTS:**

HYDRANT INFORMATION

HYDRANT LOCATION: _____ **FLOW:** _____

HYDRANT LOCATION: _____ **FLOW:** _____

PREPLAN REVISED: _____ **BY:** _____