



Whippany Fire Department

Pre-Incident Planning Checklist

Date of Inspection:	Check One: <input type="checkbox"/> New Tenant <input type="checkbox"/> Update of Info <input type="checkbox"/> Change of Ownership
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General Information		
Facility/ Business Name:		
Street Address:	Nearest Cross Street:	
Hours of Operation: Mon-Fri	Sat	Sun

Contact Information	
Facility Phone Number:	Other Phone Number:
Business Owner:	Location:
Phone Number:	Primarily works on site: yes <input type="checkbox"/> no <input type="checkbox"/>
Mobile Number:	Email:

Emergency Contacts	
Name:	Title:
Location:	Phone Number:
Mobile Number:	Other:

Name:	Title:
Location:	Phone Number:
Mobile Number:	Other:

Name:	Title:
Location:	Phone Number:
Mobile Number:	Other:

• *If more room is required for emergency contacts, please use the back of this form.*

Construction Information			
<u>SIZE</u>	<u>STORIES</u>	<u>BUILDING STATUS</u>	
Length:	Above Ground:	Under Construction: <input type="checkbox"/>	Vacant & Secured: <input type="checkbox"/>
Width:	Below Ground:	Occupied: <input type="checkbox"/>	Vacant & Unsecured: <input type="checkbox"/>
Area:		Idle (Not Routinely Used): <input type="checkbox"/>	

<u>CONSTRUCTION TYPE</u>			
Fire Resistive: <input type="checkbox"/>	Unprotected Non-Combustible: <input type="checkbox"/>	Protected Ordinary: <input type="checkbox"/>	Protected Wood Frame: <input type="checkbox"/>
Heavy Timber: <input type="checkbox"/>	Protected Non-Combustible: <input type="checkbox"/>	Unprotected Ordinary: <input type="checkbox"/>	Unprotected Wood Frame: <input type="checkbox"/>
Walls: _____	Floors: _____	Roof: _____	

<u>ROOF COVERING</u>	
Tile (clay, cement, slate, etc.): <input type="checkbox"/>	Wood Shingles (treated / untreated): <input type="checkbox"/>
Composite Shingle (asphalt): <input type="checkbox"/>	Built Up: <input type="checkbox"/>
Metal: <input type="checkbox"/>	No Roof: <input type="checkbox"/>

Solar Panels
Does building have a Solar Panels: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If so, you shall provide a map of installation area)</i>
Location of Disconnect:

Knox Box Information

Does building have a Knox Box: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Location of Knox Box:			
Type of keys:	<input type="checkbox"/> Master	<input type="checkbox"/> Utility Closet	<input type="checkbox"/> Sprinkler/Alarm Room
	<input type="checkbox"/> Elevator Room	<input type="checkbox"/> all tenant keys	<input type="checkbox"/> no tenant keys

Utility Services Information

Electric Meter Location:	
Natural Gas Meter Location:	
Breaker Panel Location(s):	
Heated by:	Location:
Water Heater type: Natural Gas <input type="checkbox"/> Electric <input type="checkbox"/>	Location:

Alarm System

Alarm Present: yes <input type="checkbox"/> no <input type="checkbox"/>	Automatic: <input type="checkbox"/>	Manual Pull Station: <input type="checkbox"/>	Combination: <input type="checkbox"/>
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DETECTOR TYPE		POWER SUPPLY	
Smoke: <input type="checkbox"/>	Heat: <input type="checkbox"/>	Battery: <input type="checkbox"/>	Hardwire w/ Battery Backup: <input type="checkbox"/>
Carbon Monoxide: <input type="checkbox"/>	Combination: <input type="checkbox"/>	Plug In: <input type="checkbox"/>	Plug In w/ Battery Backup: <input type="checkbox"/>
Sprinkler w/ Water - Flow Detection: <input type="checkbox"/>		Hardwire: <input type="checkbox"/>	

Alarm Panel Location:	
Alarm Company:	Phone Number:

Water Supply Information

Sprinkler Riser: yes <input type="checkbox"/> no <input type="checkbox"/>	Location:		
Sprinkler Standpipe Connection: yes <input type="checkbox"/> no <input type="checkbox"/>	Location:		
Fire Department Connection: yes <input type="checkbox"/> no <input type="checkbox"/>	Location:		
SYSTEM TYPE			
Wet Pipe: <input type="checkbox"/>	Dry Chemical System: <input type="checkbox"/>	Halogen System: <input type="checkbox"/>	Class K System: <input type="checkbox"/>
Dry Pipe: <input type="checkbox"/>	Foam System: <input type="checkbox"/>	CO2 System: <input type="checkbox"/>	Standpipes: <input type="checkbox"/>

Hydrant Location(s):			
Hydrant Flow Rate(s):			
Red (500gpm or less) <input type="checkbox"/>	Orange (500gpm to 1000gpm) <input type="checkbox"/>	Green (1000gpm to 1500gpm) <input type="checkbox"/>	Blue (1500gpm or greater) <input type="checkbox"/>

Special Hazards

Special Notes
